PSYCHIATRY AND THE CRIMINAL JUSTICE SYSTEM

PSYCHIATRY'S DESTRUCTION OF THE CRIMINAL JUSTICE SYSTEM

INDEX

1. Articles, news releases, APA syllabus and excerpts from Diagnostic and Statistical Manual of Mental Disorders.

These documents show how the American Psychiatric Association is defining criminal behavior as "mental illness".

2. Articles and excerpts about Psychiatric Testimony - by Dr. Thomas Szasz, Dr. Lee Coleman and Dr. E. Fuller Torrey.

These articles and excerpts show how reliance upon psychiatric testimony reinforces "no responsibility" for criminality and thus justifies criminal behavior by re-defininig crime as mental illness.

3. Press on the issue of how psychiatric testimony in the courtroom subverts the criminal justice system.

4. Church of Scientology publications, documents and press on the Church's and its Citizens Commission on Human Rights' activities to combat (a) psychiatry's undermining of the moral fabric of our society by re-classifying crimes as mental illness, and (b) psychiatry's influence in the courtroom.

Lawyers fear new psychiatric labels

UNITED PRESS INTERNATIONAL

WASHINGTON — The bible of psychiatric diagnosis is about to change to include three new categories, but some prosecutors and victims' advocates say the proposals could do more harm than good.

Psychiatrists have proposed listing rapists' urges, masochistic behavior and premenstrual distress in their formal catalog of mental illnesses. But many in the legal community say the new diagnostic categories will exonerate violent criminals and stigmatize abused women.

"This is going to be absolutely devastating to victims," says Lois Harrington, assistant attorney general for justice programs.

This latest clash between the psychiatric establishment and the lay public has hit a longstanding national sore spot: Where is the boundary between mental illness and sociopathic behavior? And are only psychiatrists qualified to draw the line?

"I don't think psychiatrists can act as though they live in an ivory tower," says Elizabeth Holtzman, Brooklyn's district attorney. She objects to "any attempt to define a disease by associating it with a crime."

Holtzman and other lawyers say that if the disorders gain official status, defendants accused of rape could plead not guilty by reason of insanity, and prisoners who have been convicted of such crimes could demand new trials.

They add that women who have been abused by husbands or lovers, and women who suffer severe menstrual symptoms, could be considered mentally impaired and thus lose custody of their children.

The American Psychiatric Association disputes these charges. Critics are "reacting to the words rather than the reality," says spokesman John Bonnage. "The fact is that some people are rendered dysfunctional (by mental illness) and should have treatment made available to them."

The trade-off between recognizing mental incapacity and holding people responsible for their actions has been debated for centuries. It came to a head when John Hinckley was tried in 1981 for shooting President Reagan and five others. Psychiatrists at that trial delivered conflicting testimony about Hinckley's mental state. Hinckley was eventually declared insane.

The new proposals may heighten the confusion — to the detriment of victims, say some.

"Society as a whole is very upset with psychiatry explaining away criminal actions," says Roberta Roper, a Maryland woman who began lobbying for victims' rights after the two men who raped and murdered her daughter received light sentences. "Providing psychiatric — or pseudopsychiatric — explanations is not going to help the rape victim."

The diagnoses were proposed last fall, and news of the plan sparked public furor. The APA responded by changing the names of the first two disorders and modifying elements of all three.

As it now stands, "paraphilic coercive disorder" (formerly titled "paraphilic rapism") involves recurrent and intense sexual urges based on "the act of forcing sexual contact ... on a non-consenting person." Further, the patient "repeatedly acts on these urges or is markedly distressed by them."

"Self-defeating personality disorder" (originally "masochistic personality disorder") involves "being drawn to situations or relationships in which the individual will suffer, avoiding or undermining pleasurable experiences and preventing others from helping him or her."

"Premenstrual dysphoria disorder" involves a set of symptoms that occur in the week before menstruation. These include "persistent or marked anger or irritability," "lack of energy" and "marked change in appetite."

Once adopted, these diagnoses would be incorporated into the Diagnostic and Statistical Manual, known as the DSM-III.

The APA is the sole author and publisher of the DSM-III, which costs $35 and has annual sales of 50,000. Psychiatrists are not the only users of the manual, however. The DSM-III also is a standard reference tool for other mental-health care providers, the health insurance industry and the criminal justice system.

Lawyers who want to establish that clients are not guilty by reason of insanity, and judges who must weigh such defense pleas, consult the DSM-III for definitions of mental illness. Hinckley's lawyers used its criteria for schizophrenia to build their defense strategy. Critics say the proposed diagnoses could be offered as an insanity defense in trials involving rape, spouse abuse and crimes committed by women.

"Someone who's in jail may say, 'Oh, my goodness, this new mental syndrome has been found, so I should be released.' We've had some people in the past try to make the same claim," Holtzman says.

Says Harrington: "These won't just be used as an insanity plea. They can also be cited as 'mitigating factors' or 'motives' ... (just) enough to confuse jurors."

Child-custody battles would present one such opportunity. Says the physically abused wife of a former high-ranking government official: "It would put the wrong tool in the wrong hands ... in custody battles that are mostly a personal vendetta."

Charlotte Fedders last year filed for divorce from her husband of 18 years. She cited repeated and severe physical abuse. The publicity forced John Fedders to resign as director of enforcement for the Securities and Exchange Commission. He nevertheless sought reconciliation; when she refused, he demanded joint custody of their children.

The "self-defeating" diagnosis "would be all my husband would have needed (to fight me)," says Fedders. "If it goes through, he still might try to use it."

Fedders is "staggered" by the thought that staying in an abusive marriage is a sign of mental disorder, especially for women raised under traditional mores.

"I had a commitment to marriage. What are you supposed to do when you're Catholic and you have six children by this man?" she said.

Once a disorder is listed in DSM-III, mental health-care providers, including psychiatrists, psychologists and psychiatric social workers, have the green light to begin treating the illness and filing for third-party reimbursement for their services.

Most health-insurance plans provide some form of mental-health coverage, typically based on DSM-III entries. They use a different formula than other medical coverage.

However, the proposed diagnoses might be an exception: Even if they are adopted, insurance experts say, they probably will not be eligible for reimbursement because their treatments are experimental at best.

"We pay for treatments that are medically appropriate and necessary," says Janice Moore of Blue Cross-Blue Shield. "If the proposed treatment for self-defeating personality disorder is assertiveness training, we will not pay for that."

In fact, Moore reports, questions about the reliability of psychiatric diagnoses are prompting the insurance industry to take a hard look at mental-health coverage. The result so far, says Moore, is that insurers may not be cutting benefits to those in need of treatment, "but we're enacting closer management of psychiatric services."

As in the past, the proposed diagnoses pit psychiatrists against lawyers over the question of professional accountability.

"We're not responsible when (the DSM-III) is exploited by somebody else," Bonnage says. "People forget that psychiatry is a medical subspecialty."

Says Harrington: "The only time we ever see psychiatrists in the courtroom is when they're telling us about (a defendant's) mitigating circumstances so sentences will be more lenient."

Ultimately, opponents of the proposal would like to see a greater public role in the formulation of the DSM-III.

Under the present system, says Holtzman, "If psychiatrists say it exists, it exists — even though there's no scientific evidence."

Roper, who has helped institute legislative reform to make the judicial system more sensitive to victims, agrees that diagnoses with legal implications "shouldn't be the exclusive domain of psychiatry."

"I don't think the public has a whole lot of confidence in psychiatric evaluations. I don't see who benefits except the psychiatrists.

'This is going to be absolutely devastating to victims'

—Lois Harrington, assistant attorney general

involves sexual arousal induced by persistent fantasies of committing rape.

The self-defeating personality classification could be used to diagnose battered women, unjustly attributing their victimization to a personality disorder, opponents from the APA and American Psychological Association charge.

"There is no research that a self-defeating personality exists," said Renee Garfinkel, administrative officer of women's programs at the American Psychological Association. She said research shows that separating victims from their abusers most effectively -- and quickly -- ends the abuse. But the self-defeating personality classification would require long-term psychoanalytic treatment of the problem instead.

Dr. Frederick Kass, director of adult psychiatric services at Columbia Presbyterian Medical Center in New York, and the disorder's primary researcher, defended it, saying: "My problem with opponents is they seem extreme and arbitrary. They say battering situations never have anything to do with personality. What would you say if you had a patient who married five times and was battered each time? Still, there are a lot of battered women who aren't masochistic.

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"I share the concerns that have been raised. There is a potential for abusing this diagnosis; but no more than any other diagnosis," Kass said.

Sally Burns, adjunct professor of law at Georgetown University Law Center and assistant director of the sex discrimination clinic there, said the classification could be used against women in a legal battle.

"When you set up that category, you're blaming the victim," Burns said. "If the defense in a spouse abuse case chose to put a psychiatrist on the stand using that diagnosis, it would encourage the jury to see that, 'She asked for it.' "

Legal objections have also arisen to the inclusion of the paraphilic coercive disorder classification in DMS-III, because of its potential for use by the defense in rape cases.

The APA board of trustees will vote in December on whether or not to include the revisions in DMS-III, which is slated to be published in 1987. Since it was first published in 1952, the manual has been revised twice, in 1968 and 1980.

Until December, said APA president-elect Dr. Robert Pasnau the issue remains open.

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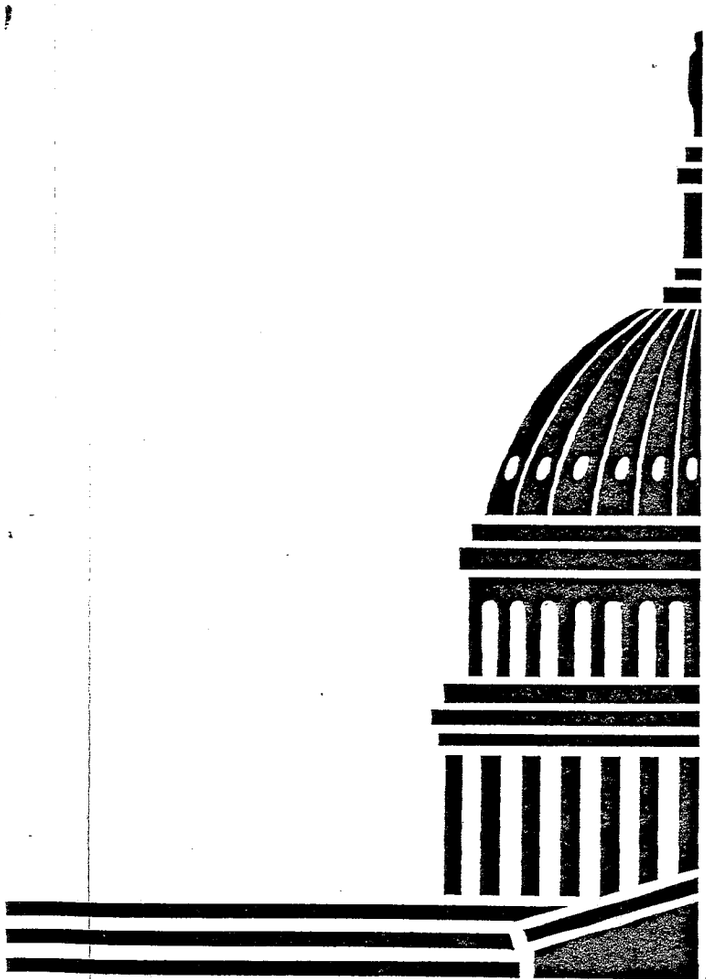


AMERICAN
PSYCHIATRIC
ASSOCIATION

139th
ANNUAL
MEETING

WASHINGTON, D C
MAY 10-16, 1986

UNITY AMIDST DIVERSITY: FUTURE CHALLENGES

opposing participants and the Chair of the Work Group to Revise DSM-III.

OVERALL SUMMARY:

The revision of DSM-III began in May, 1983 and will continue until the end of 1986, with publication of DSM-III-R in early 1987. The process of revision has involved a large number of advisory committees that have reviewed all of the diagnostic categories and formulated proposed changes based on clinical and research experience. This symposium will focus on three controversial issues in the development of DSM-III-R. The format of the presentation will be three "mini-debates" in which opposing views will be presented by individuals who have participated in these controversies, followed by rebuttals and a brief discussion among the opposing participants and the Chair of the Work Group to Revise DSM-III. Finally, there will be comments from the audience.

In exploring these three specific diagnostic controversies, several more general issues will be addressed, including: What kind of evidence (clinical? research?) is necessary to justify adding a new diagnostic category to the classification (or deleting an old one)? Should a distinction be made between diagnostic criteria for clinical use and diagnostic criteria for research use? What constitutes evidence of sex bias in diagnostic categories or criteria? In deciding whether or not to add a new category to DSM-III-R, should concerns about the potential abuse of the category be a major consideration? When should a biologically-based disorder be classified as a mental disorder rather than as a physical disorder?

PREMENSTRUAL DYSPHORIC DISORDER IN DSM-III-R WILL STIGMATIZE WOMEN

Affirmative: Jean Hamilton, M.D., Sheryle Alagna, Ph.D.
Negative: Barbara Parry, M.D., Sally K. Severino, M.D.

SUMMARY:

An advisory committee of experts on research on premenstrual syndrome has recommended that the DSM-III-R include a new category called Premenstual Dysphoric Disorder. The criteria for this category require a cyclic disturbance of mood and at least four of a list of associated symptoms during the symptomatic premenstrual phases. The disturbance during the premenstrual phases must be sufficiently severe so as to seriously interfere with social or occupational functioning, and remit with the onset of the menses. The temporal linkage to the menses of the symptoms must be confirmed by prospective daily self-ratings of at least two symptomatic cycles.

Proponents of the inclusion of this new category in DSM-III-R believe that the proposed diagnostic criteria are sufficiently restrictive so that only a very small proportion of women will qualify for the diagnosis. They also believe that having such a category will facilitate much-needed research into treatment, and that women will benefit by this attention to their special health needs.

Opponents of the inclusion of this category in DSM-III-R argue that there is insufficient research evidence to support the nosologic validity of the diagnosis, and that the category would only serve to stigmatize women as recurrently incompetent and disturbed.

INCLUDING A GLOSSARY OF DEFENSE MECHANISMS IN DSM-III-R VIOLATES A BASIC PRINCIPLE OF DSM-III

Affirmative: Donald Klein, M.D., Jeffrey Young, Ph.D.
Negative: George Vaillant, M.D., Arnold Cooper, M.D.

SUMMARY:

Appendix B in DSM-III contains a glossary of technical terms essential for differential diagnosis, such as "affect," "delusion," and "formal thought disorder." The Work Group to Revise DSM-III has recommended that in DSM-III-R this appendix also include a glossary of 21 defense mechanisms, such as denial, displacement, splitting and sublimation. The definitions of these defense mechanisms are written in simple descriptive language. Habitual use of any of these defense mechanisms could be noted on Axis II, either to supplement a Personality Disorder diagnosis or in the absence of a specific Personality Disorder.

The opponents of including definitions of defense mechanisms in DSM-III-R argue that it violates the generally atheoretical stance of DSM-III, since clearly the notion of defense mechanisms assumes a psychoanalytic theoretical perspective. In addition, only psychoanalytically oriented clinicians (and probably not even they) would actually make use of the defense mechanisms in making a multiaxial evaluation.

The supporters of including definitions of defense mechanisms in DSM-III-R argue that the definitions, as written, do not imply acceptance of any particular metapsychological assumption other than that manifest behavior is often the result of intrapsychic conflict. The definitions of defense mechanisms will often be used by clinicians in a comprehensive evaluation and will serve an important educational function.

SELF-DEFEATING AND SADISTIC PERSONALITY DISORDERS: NEEDED ADDITIONS TO DSM-III-R

Affirmative: Frederick Kass, M.D., Richard Simons, M.D.
Negative: Paula J. Caplan, Ph.D., Jean Baker Miller, M.D.

SUMMARY:

In response to the critiques of the initial proposal to include Masochistic Personality Disorder in DSM-III-R, the name of the category was changed to Self-Defeating Personality Disorder and the criteria were extensively revised. The new criteria for the disorder are intended to identify a pervasive pattern of self-defeating behavior beginning by early adulthood. The individual may often avoid or undermine pleasurable experiences, be drawn to situations or relationships in which he or she will suffer, and prevent others from helping him or her. Recognizing that what may appear to be self-defeating behavior is sometimes actually a strategy for coping with being victimized, there is an exclusion clause that requires that the self-defeating behavior not occur only in response to, or in order to avoid, being physically, sexually, or psychologically abused. In addition, the diagnosis of Sadistic Personality Disorder is being proposed to identify individuals who exhibit a pervasive pattern of cruel, demeaning and aggressive behavior.

Whereas the proponents of these two categories believe that they are clinically important additions to DSM-III-R, the opponents believe that these categories still contain the potential for blaming the victim and allowing the abuser to escape responsibility for his or her actions. In addition, the opponents argue that these diagnoses will deflect attention from the important

issue: the oppression of women in our society—its identification and elimination.

REFERENCES:

1. Haskett RF, Steiner M, Usmun JN, Carroll BJ: Severe premenstrual tension: Delineation of the syndrome. *Biological Psychiatry* 15:121-139, 1980.
2. Kass F, MacKinnon RA, Spitzer RL: Masochistic personality: An empirical study. *American Journal of Psychiatry,* No. 2, Vol. 143, pg. 216-218.
3. Vaillant GE: An empirically derived hierarchy of adaptive mechanisms and its usefulness as a potential diagnostic axis. *ACTA Psychiatrica Scandinavica,* Suppl. 319, Vol. 71:171-180, 1985.

SYMPOSIUM 44 Tuesday, May 13
2:00 P.M.-5:00 P.M.

CONSULTATION-LIAISON PSYCHIATRY: INTERFACE RESEARCH

EDUCATIONAL OBJECTIVES FOR THIS SYMPOSIUM:

To describe strategies for consultation-liaison research and to present results of several completed and ongoing studies.

No. 44A
PANCREATIC CANCER: NEUROPSYCHIATRIC MANIFESTATIONS

Russell T. Joffe, M.D., *St. Michael's Hospital, 30 Bond St. Suite 4M, Toronto ONT, Canada M5B 1W8;* David R. Rubinow, M.D., William F. Sindelar, M.D.

SUMMARY:

Psychiatric symptoms are a common feature in patients with various malignancies, particularly carcinoma (CA) of the pancreas in which depression has been reported to precede or accompany the physical symptoms in up to 50% of cases. Conclusions from earlier studies of this phenomenon are limited by methodological flaws. In this study, we performed a concurrent evaluation of 12 patients with CA pancreas and 9 with gastric CA, diagnoses confirmed at surgery. A structured psychiatric interview was performed to obtain lifetime personal and family histories of psychiatric illness according to Research Diagnostic Criteria (RDC). Standard mood and behavioral scales were also administered, and a screening for cognitive impairment was performed. Biochemical measures including a standard 1 mg Dexamethasone Suppression Test were performed in 12 patients. Six of 12 patients with CA pancreas as compared with none of 9 patients with gastric CA fulfilled RDC criteria for major depressive disorder in the year prior to diagnosis. Analysis of the individual symptoms of major depression showed that physical symptoms of a tumor such as anorexia and weight loss were unlikely to account for the high incidence of depression in the CA pancreas group. At the time of evaluation, CA pancreas patients did not differ significantly on other cognitive, biochemical, or behavioral measures. A high incidence of dexamethasone non-suppression was noted in both cancer groups.

No. 44B
STEROID EFFECTS IN NORMALS: A PROSPECTIVE STUDY

Owen M. Wolkowitz, M.D., *NIMH, 9000 Rockville Pike, Bethesda, MD 20892;* David R. Rubinow, M.D., Alan Breier, M.D., Allen R. Doran, M.D., David Pickar, M.D.

SUMMARY:

Systemic corticosteroids (CS) are commonly used to treat a variety of medical illnesses. Up to 50% of patients so treated may develop significant psychiatric side effects such as euphoria, depression or cognitive difficulties. It is currently unclear how CSs produce these effects and what vulnerability factors predispose toward them. The biochemical underpinnings of these behavioral changes are also poorly understood. Previous attempts at answering these questions have been hampered by retrospective designs and by the inclusion of severely ill patients whose underlying illnesses may also give rise to psychiatric symptoms.

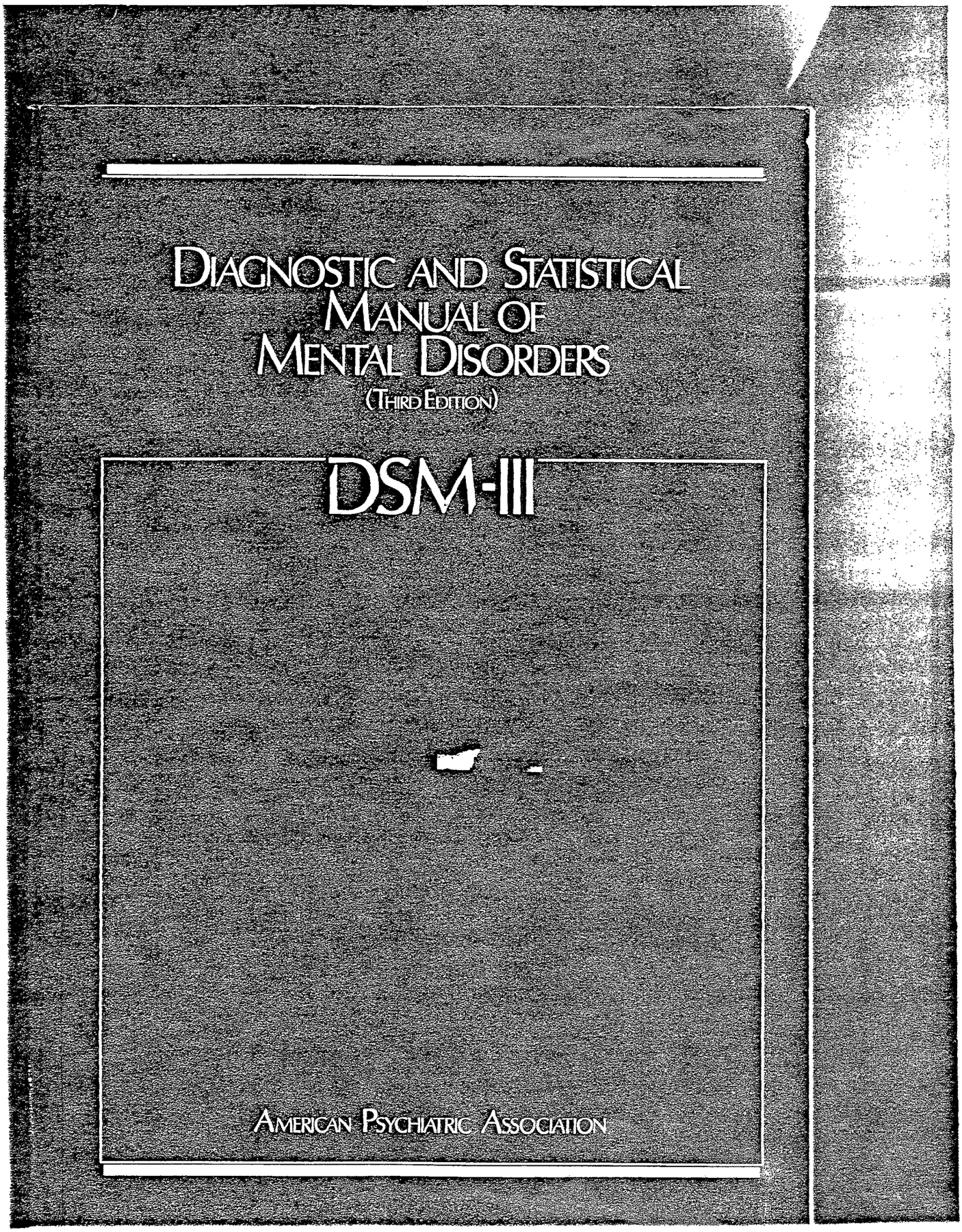
We now report the results of the first prospective study of the behavioral and biochemical effects of CSs in healthy volunteers. Twelve healthy volunteers were administered prednisone, 80 mg. orally per day, for 5 days. Prior to and following this they received placebo. Subjects were rated daily by psychiatrists for behavioral, affective and cognitive changes. Medication administration and ratings were both double-blind. Additionally, blood was collected daily for neuroendocrine assays. CSF was also obtained in baseline and drug conditions for 9 of the subjects. Of the 12 subjects, 11 developed significant psychiatric side effects during steroid treatment or withdrawal. These were generally mild in intensity and consisted of irritability, anxiety, difficulty sleeping, trouble concentrating, mild euphoria, increased energy, depersonalization, or mild depression. These behavioral changes will be evaluated in relation to plasma and CSF biochemical alterations.

No. 44C
INTERFERON INDUCED NEUROPSYCHIATRIC CHANGES

Pierre F. Renault, M.D., *NIADDKD, 9000 Rockville Pike, Bethesda, MD 20892;* Jay Hoofnagle, M.D.

SUMMARY:

Anecdotal reports of major changes in mood and cognition accompanying interferon therapy raise questions about the type of changes produced, their relationship to major psychiatric disorders, and their impact on patient acceptance of extended treatment with interferon. Following an initial psychodiagnostic assessment, mood and cognition were longitudinally evaluated in 35 patients who received interferon treatment for chronic active hepatitis. Five patients developed a major depressive episode that remitted with cessation of interferon treatment. Affective changes in general constituted the most severe limiting factor in interferon therapy. The clinical characteristics and test results of this population will be presented and the utility of the interferon-induced mood syndrome as a model for post-viral syndromes discussed.



302.20 Pedophilia

The essential feature is the act or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement. The difference in age between the adult with this disorder and the prepubertal child is arbitrarily set at ten years or more. For late adolescents with the disorder, no precise age difference is specified; and clinical judgment must be used, the sexual maturity of the child as well as the age difference being taken into account.

Adults with the disorder are oriented toward children of the other sex twice as often as toward children of the same sex. The sexual behavior of these two groups is different. Heterosexually oriented males tend to prefer eight-to-ten year-old girls, the desired sexual activity usually being limited to looking or touching. Most incidents are initiated by adults who are in the intimate interpersonal environment of the child. Homosexually oriented males tend to prefer slightly older children. The percentage of couples in this group who know each other only casually is higher than in the heterosexually oriented group. Individuals with undifferentiated sexual object preference tend to prefer younger children than either of the other two groups.

Most individuals oriented homosexually have not been married, whereas most individuals oriented heterosexually either have been or are married.

Age at onset. The disorder may begin at any time in adulthood; most frequently it begins in middle age.

Course. The course is unknown, although homosexually oriented Pedophilia tends to be chronic. The severity of the condition often fluctuates with psychosocial stress. The recidivism rate for homosexually oriented Pedophilia is second only to that for Exhibitionism, and ranges from 13% to 28% of those apprehended, roughly twice that of heterosexually oriented Pedophilia.

Differential diagnosis. Isolated sexual acts with children do not warrant the diagnosis of Pedophilia. Such acts may be precipitated by marital discord, recent loss, or intense loneliness. In such instances the desire for sex with a child may be understood as a substitute for a preferred but unavailable adult. In **Mental Retardation, Organic Personality Syndrome, Alcohol Intoxication,** or **Schizophrenia** there may be a decrease in impulse control, particularly in the elderly, that in rare instances leads to isolated sexual acts with children. However, sexual activity with children is generally not the consistently preferred method for achieving sexual excitement.

In **Exhibitionism** exposure may be to a child, but the act is not a prelude to further sexual activity with the child.

Sexual Sadism may, in extremely rare instances, be associated with Pedophilia, in which case both diagnoses are warranted.

Diagnostic criteria for Pedophilia

A. The act or fantasy of engaging in sexual activity with prepubertal chil-

dren is a repeatedly preferred or exclusive method of achieving sexual excitement.

B. If the individual is an adult, the prepubertal children are at least ten years younger than the individual. If the individual is a late adolescent, no precise age difference is required, and clinical judgment must take into account the age difference as well as the sexual maturity of the child.

302.40 Exhibitionism

The essential feature is repetitive acts of exposing the genitals to an unsuspecting stranger for the purpose of achieving sexual excitement, with no attempt at further sexual activity with the stranger. The wish to surprise or shock the observer is often consciously perceived or close to conscious awareness, but these individuals are usually not physically dangerous to the victim. Sometimes the individual masturbates while exposing himself. The condition apparently occurs only in males, and the victims are female children or adults.

Age at onset and course. The disorder may first occur at any time from preadolescence to middle age, although it rarely begins at either end of the age spectrum. The peak age at onset is the middle 20s, with a smaller peak in mid-puberty.

Few arrests are made in the older age groups, which suggests that the condition becomes less severe after age 40.

Differential diagnosis. Repeated exposure without experiencing sexual excitement from the act is engaged in by a small number of individuals. They should not receive the diagnosis of Exhibitionism since it is likely that such individuals suffer from another disorder.

When exposure occurs in **Pedophilia** it is a prelude to sexual activity with the child.

Diagnostic criteria for Exhibitionism

Repetitive acts of exposing the genitals to an unsuspecting stranger for the purpose of achieving sexual excitement, with no attempt at further sexual activity with the stranger.

302.82 Voyeurism

The essential feature is repetitive looking at unsuspecting people, usually strangers, who are either naked, in the act of disrobing, or engaging in sexual activity, as the repeatedly preferred or exclusive method of achieving sexual excitement. The act of looking ("peeping") is for the purpose of achieving sexual excitement, and no sexual activity with the person is sought. Orgasm, usually produced by masturbation, may occur during the voyeuristic activity, or later in response to the memory of what the individual has witnessed. Often these individuals enjoy thinking about the observed individuals' being helpless and feeling humiliated if

they knew they were being seen. In its severe form, peeping constitutes the exclusive form of sexual activity.

Age at onset. The first voyeuristic act is likely to occur in early adulthood.

Course. The course tends to be chronic.

Differential diagnosis. Normal sexual activity often includes sexual excitement from observing nudity, undressing, or sexual activity. However, it is not with an unsuspecting partner, and it is usually a prelude to further sexual activity. **Watching pornography,** filmed or live, causes sexual excitement. However, the people who are being observed are willingly in view, even though in fantasy the observer may *imagine* (but knows better) that the people are unsuspecting.

Diagnostic criteria for Voyeurism

A. The individual repeatedly observes unsuspecting people who are naked, in the act of disrobing, or engaging in sexual activity and no sexual activity with the observed people is sought.

B. The observing is the repeatedly preferred or exclusive method of achieving sexual excitement.

302.83 Sexual Masochism

The essential feature is sexual excitement produced in an individual by his or her own suffering. The diagnosis of Sexual Masochism is warranted under either of two conditions:

(1) A preferred or exclusive mode of producing sexual excitement is to be humiliated, bound, beaten, or otherwise made to suffer.
(2) The individual has intentionally participated in an activity in which he or she was physically harmed or his or her life was threatened in order to produce sexual excitement, which did occur. A single well-documented episode is sufficient to make the diagnosis.

Age at onset. Masochistic sexual fantasies are likely to have been present in childhood. However, the age when masochistic activities with partners first begin is variable, but is commonly by early adulthood.

Course. The disorder is usually chronic. Self-mutilation, if engaged in, is likely to be repeated. Some individuals with the disorder may for many years engage in masochistic acts without a need to increase the potential for self-harm. Others, however, either because of an increased need or a diminished capacity for restraint, increase the severity of the masochistic acts over time, or during periods of stress, which may result in death.

Differential diagnosis. Masochistic fantasies of being bound, beaten, raped,

or otherwise humiliated may facilitate sexual excitement in some individuals; without such fantasies, they find sexual arousal inadequate. The diagnosis of Sexual Masochism is made only if the individual engages in masochistic sexual acts, not merely fantasies. (If the need for masochistic fantasies is considered clinically significant, it may be diagnosed as Psychosexual Disorder Not Elsewhere Classified.) Some individuals have experimented with bondage or have occasionally experienced erotic excitement as a result of unintentionally having been humiliated, but these situations are also not sufficient for diagnosing this disorder. **Masochistic personality traits,** such as the need to be disappointed or humiliated, are distinguished from Sexual Masochism by the fact that they are not associated with sexual excitement.

Diagnostic criteria for Sexual Masochism

Either (1) or (2):

(1) a preferred or exclusive mode of producing sexual excitement is to be humiliated, bound, beaten, or otherwise made to suffer

(2) the individual has intentionally participated in an activity in which he or she was physically harmed or his or her life was threatened, in order to produce sexual excitement

302.84 Sexual Sadism

The essential feature is the infliction of physical or psychological suffering on another person in order to achieve sexual excitement.

The diagnosis of Sexual Sadism is warranted under any of three different conditions:

(1) On a nonconsenting partner, the individual has repeatedly and intentionally inflicted psychological or physical suffering in order to achieve sexual excitement.

(2) With a consenting partner a repeatedly preferred or exclusive mode of achieving sexual excitement combines humiliation with simulated or mildly injurious bodily suffering.

(3) On a consenting partner bodily injury that is extensive, permanent, or possibly mortal is inflicted in order to achieve sexual excitement.

Age at onset. Sadistic sexual fantasies are likely to have been present in childhood. The age at onset of sadistic activities is also variable, but is commonly by early adulthood.

Course. The condition is usually chronic in its extreme form. When Sexual Sadism is practiced with nonconsenting partners, the activity is likely to be repeated until the individual is apprehended.

Some individuals with the disorder may for many years engage in sadistic acts without a need to increase the potential for inflicting serious physical damage. Others, however, either because of an increased need or a diminished capacity for restraint, increase the severity of the sadistic acts over time or during

periods of stress. When the disorder is severe, these individuals may rape, torture, or kill their victims.

Familial pattern. Although brutality commonly occurs in the families of individuals with this disorder, there is no information on whether Sexual Sadism is more common in family members.

Differential diagnosis. Rape or other sexual assault may be committed by individuals with this disorder. In such instances the suffering inflicted on the victim increases the sexual excitement of the assailant. However, it should not be assumed that all or even many rapists are motivated by Sexual Sadism. Often a rapist is not motivated by the prospect of inflicting suffering, and may even lose sexual desire as a consequence. These represent two ends of a spectrum, and for cases falling in the middle, it may be very difficult for the clinician to decide if the diagnosis of Sexual Sadism is warranted.

Diagnostic criteria for Sexual Sadism

One of the following:

(1) on a nonconsenting partner, the individual has repeatedly intentionally inflicted psychological or physical suffering in order to produce sexual excitement

(2) with a consenting partner, the repeatedly preferred or exclusive mode of achieving sexual excitement combines humiliation with simulated or mildly injurious bodily suffering

(3) on a consenting partner, bodily injury that is extensive, permanent, or possibly mortal is inflicted in order to achieve sexual excitement

302.90 Atypical Paraphilia

This is a residual category for individuals with Paraphilias that cannot be classified in any of the other categories. Such conditions include: Coprophilia (feces); Frotteurism (rubbing); Klismaphilia (enema); Mysophilia (filth); Necrophilia (corpse); Telephone Scatologia (lewdness); and Urophilia (urine).

PSYCHOSEXUAL DYSFUNCTIONS

The essential feature is inhibition in the appetitive or psychophysiological changes that characterize the complete sexual response cycle. Ordinarily this diagnostic category will be applied only when the disturbance is a major part of the clinical picture, although it may not be part of the chief complaint. The diagnosis is not made if the sexual dysfunction is attributed entirely to organic factors, such as a physical disorder or a medication, or if it is due to another Axis I mental disorder.

The complete sexual response cycle can be divided into the following phases:

PROSECUTOR'S BRIEF

NEWSJOURNAL OF THE CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION
MAY-JUNE, 1978 VOLUME III NUMBER 6

Psychiatry as an Accomplice

By Thomas Szasz

Since World War II psychiatry has had an exceedingly good press, especially in the United States. A combination of physician and priest, the psychiatrist, it seemed, could do no wrong. He dealt with the most "difficult" patients and even if his methods were sometimes "heroic," his aim was always "therapeutic."

In the last few years, especially when looking at Russian psychiatry, the press has discarded its rose-colored glasses. The fact that, in the United States, psychiatrists not only do the same things their colleagues in Russia do, but, in addition, systematically act to exonerate individuals who have killed other, innocent individuals, seems so far to have escaped the attention of civil libertarians and journalists.

There are countless ways in which psychiatry may be "abused." With respect to incarceration, psychiatry may be abused in two ways: by inculpating the innocent and by exculpating the guilty. For example, when a "mentally healthy" dissident is diagnosed as schizophrenic and committed to a mental hospital in Russia, we have an instance of the psychiatric inculpation of an innocent person as permanently insane. Such acts are now condemned by Western intellectuals and journalists as the scientific applications of humane psychiatry. In my opinion these two sets of acts are symmetrical: In the one, the psychiatrist acts as an accessory to what—morally speaking—is a crime by the state; in the other, he acts as an accessory to what—morally speaking—is a crime by an individual. Moreover, since killing an innocent person is a graver offense than imprisoning him, the American psychiatrist who helps to acquit a killer as not guilty by reason of insanity should be regarded as having committed a graver "psychiatric abuse" than his Russian colleague who helps to imprison an innocent person as a schizophrenic.

The death of Randolph Evans and the subsequent trial of his killer illustrate a typically American psychiatric abuse. Its professional acceptance and popular approval illustrate that Americans love their own "abuses" of psychiatry (which, of course, they regard as its "proper uses") at least as much as the Russians love theirs.

Randolph Evans was a black youth who lived in Brooklyn. On Thanksgiving Day in 1976, when he was 15 years old, he was shot and killed by a white policeman named Robert H. Torsney. Officer Torsney was charged with murder while on duty. He pleaded insanity. On December 1, 1977, an all-white jury acquitted Torsney as not guilty by reason of insanity. To my knowledge, no reporter, no politician, no civil libertarian, domestic or foreign, has denounced the Torsney verdict as another instance of the American abuse of psychiatry.

Why was Evans killed? Why was Torsney acquitted? The shooting took place shortly before midnight, when Officer Torsney and his partner answered a radio report of an armed man in an East New York housing development where young Evans lived with his family. As the policemen left the building, Torsney was approached by the boy and five others. According to the *New York Times*, "Young Evans paused to speak to Officer Torsney, who pulled his gun from his holster and shot the boy in the head. He died several hours later."

Although Torsney claimed that he acted in self-defense, his legal defense was that "he was insane because of an epileptic psychomotor seizure suffered at the time of the crime." The 32-year-old policeman had no record of any previous epileptic attacks. Until the homicide, according to police personnel files, Torsney "had never fired his gun, had an unblemished record, and had no signs of emotional handicap." On the witness stand, the policeman testified that he had shot Evans "after he saw the boy reach into his waistband for what appeared to be a gun." No gun was found and none was seen by witnesses.

To maintain a defense of insanity, the accused needs a psychiatrist to support the claimed defense by means of expert testimony. Torsney had such a psychiatrist in the person of Dr. Daniel Schwartz, chief of forensic psychiatry at Kings County Medical Center (who had earlier testified that David Berkowitz, otherwise known as the Son of Sam, was schizophrenic and was psychiatrically unfit to stand trial). Dr. Schwartz lent his prestige and persuasive powers to the task of convincing the jury to acquit Torsney. Not only did he claim that Torsney suffered from psychomotor epilepsy, but also that the policeman had had an attack at the moment of the shooting, that the shooting was the result of the epilepsy, and that Torsney "acted automatically and suffered from organically caused amnesia."

It is, of course, the task of the prosecution to demolish such psychiatric claims. In this case, however, the prose-

Thomas Szasz is a professor of psychiatry at the Upstate Medical Center of New York State University. He has published several books including The Myth of Mental Illness *and most recently* The Myth of Psychotherapy.

cution called on a psychiatrist who believes that virtually everyone is mentally ill. Dr. Herbert Spiegel, clinical professor of psychiatry at the Columbia University College of Physicians and Surgeons and a well-known "hypnotist," testified that the policeman "suffered from hysterical dissociation, an emotional rather than an organic disorder that is not categorizable as legal insanity."

The judge gave the jury a choice among five possible verdicts: second-degree murder, first-degree manslaughter mitigated by extreme emotional disturbance, second-degree manslaughter, not guilty by reason of insanity, or self-defense. The jury brought in a verdict of not guilty by reason of insanity.

Torsney has been ordered confined for observation for 60 days in a facility of the State Mental Hygiene Department to determine whether he is a "danger to himself or to the community." According to the *New York Times*, because Torsney's "insanity had a specific organic cause," he may retire from the police force on a full medical disability pension.

The facts speak for themselves. Randolph Evans, a 15-year-old black, is killed by a white policeman before numerous witnesses. The killing was unprovoked, a fact tacitly acknowledged by the defendant's own insanity plea (which implies that, but for his alleged insanity, he would be guilty of the killing). A white psychiatrist testifies for the defense that Robert Torsney was "legally" insane at the time of the offense; another white psychiatrist testifies for the prosecution that Torsney was "illegally" insane. Finally, a white jury acquits Torsney, leaving the unprovoked killing of an innocent person unpunished. I hold my fellow psychiatrists largely responsible for this stubborn and willful destruction of law and justice.

Such, at least, is the message I draw from these facts. When I say that "the facts speak for themselves," I speak, of course, metaphorically. Facts don't speak, only persons do. What, then, do other psychiatrists hear when listening to these facts? Remarking on this same case, as well as on several other recent cases of "trying the mad"—such as that of the Michigan woman, also acquitted as not guilty by reason of insanity, who killed her husband by pouring gasoline on him while he was sleeping and then setting him on fire—Alan A. Stone, professor of law and psychiatry at Harvard University, comes to a totally different conclusion. "Reading about these developments," he writes in the *New York Times*, "the public seems to get angry at psychiatry and psychiatrists. Yet the current situation is the work of judges, lawyers, and legislators; psychiatrists play a minor if inept role."

Although partly true, such a judgment exonerates psychiatrists of a responsibility that is, in my opinion, wholly theirs—that is, the responsibility for supporting the insanity defense. Let us again recall in this connection the accusations now so fashionably leveled against Russian psychiatrists for "abusing their profession." Dr. Stone has not, to my knowledge, defended these Soviet psychiatrists by claiming that they "play a minor if inept role" in incarcerating dissidents in madhouses. Why not? Surely, because of the differences between Soviet and American societies, such an excuse would be more valid for Russian psychiatrists than for American psychiatrists. Why, then, should we accept Stone's plea of ineptness on behalf of his colleagues, whose deeds are becoming increasingly difficult to disguise?

I submit that the courtroom psychiatrist who seeks to exonerate a killer of responsibility for his act is, from a moral point of view, an accomplice to the act of taking an innocent life. Psychiatrists choose whether to testify in court or not, just as people choose whether to kill or not. Psychiatrists who aid and abet the insanity defense are no more inept than their accomplices are insane. Instead of calling such acts inept or insane, we ought to call them wicked and immoral. Not until we do so will our homes and streets be safe from criminals, and our laws and courts from psychiatrists.

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PSYCHIATRIC TESTIMONY

"Despite our hopes, no-one has a way of 'examining' someone's state of mind, past or present. There are no tests to"..... determine if one has "meaningfully and maturely premeditated, deliberated or harbored malice, as in the 'diminished'capacity' defense, or the presence of an 'irresistable impulse' or for knowledge of right and wrong. The best anyone can do is to draw inferences as to the mental state, based on behaviour and speech. But because we believe psychiatrists and psychologists do have such examinations and place them in situations where they are expected to pontificate on the results of the tests, they must act as if such procedures are real.....

The plain fact is that in all of psychiatry and psychology, there is not a single scientific test. Therefore, these professionals are obvioulsy not capable of forming opinions which qualify as expert opinions.

But it will be argued, they do have their experience, something which can qualify one as an expert witness. Experience in general, perhaps, but if one cannot measure states of mind (or lack thereof) which are "germane to the law' and can only rely on the same inferences as would a jury (such as what the defendent says, overt behaviour etc.), then years of practice make one experienced in a clinical context, but nonetheless a charlatan in the legal context."

PSYCHIATRY IN CRIMINAL TRIALS:
REFLECTIONS OF AN ABOLITIONIST -
By Dr. Lee Coleman (Psychiatrist)
Printed: Prosecutor's Brief.

PSYCHIATRIC TESTIMONY - IS IT A SOLUTION OR A PROBLEM.....

> "By lobbying for the non-responsibility of the class of individuals called the "mentally ill", psychiatry has contributed large amounts of mud to the clear stream of reason. Psychiatrists have been allowed to gradually assume increasing responsibility for deciding who can stand trial, and once on trial, who is guilty. The decision making process has become increasingly medical and decreasingly judicial...."
>
> Dr. E. Fuller Torrey (Psychiatrist)

Psychiatric testimony is a fallacy. Their "expertise" is often conflicting and inconsistent.

That the reliance on psychiatric expertise is misplaced can be demonstrated in a number of ways.

(a)...."the terms and concepts used by psychiatrists in court are not psychiatric at all. "Responsibility" is a legal moral or social judgement, not psychiatric. "Right", "wrong", "good" and "evil" may be ethical, theological or even legal but they have no place in psychiatric opinion.

(b)Another area of deficiency is due to the assumption that psychiatric testimony has scientific precision like chemistry, toxicology (study of poisons) or ballistics. Psychiatrists like to claim their field is the last intellectual branch of medicine. Even if it were true, it is the least likely to have its endeavours quantified into "measurable" diagnoses and treatments.

(c)An additional problem is caused by false expectations that the psychiatrist can give a competent informed opinion on the mental state of a person months or even years before his examination.

(d)Another problem which has long distressed the judiciary is the psychiatrists' vocabulary. Not only is there profound disagreement on the meaning of terms, but worse, there is disagreement as to the consequence upon behaviour of using those terms. "Schizophrenia" and "psychopath", two of the most common, can never be defined. The law expects precision and gets only vagueness.

The legal profession in its genuine concern for a fair trial, is unaware that their attempts to gain the best for their defendent, the public and the move towards treatment as opposed to punishment, is subjecting the individuals and the public not to a "humane" method, but further pain, suffering and violence, which are the result.....

Los Angeles Times Sunday, January 11, 1981 / Part I 3

Backlash Developing Against Power of Psychiatrists

Focuses on Hospitals, Court Roles

By TODD R. EASTHAM
United Press International

SAN FRANCISCO—The technological revolution has produced many new scientific and professional species. But none has proved more controversial or more powerful than the psychiatrist—the licensed medical professional who diagnoses and treats "mental illness."

In revulsion from the kind of senseless violence that dismembers livestock in sleepy Western towns or cuts down a John Lennon on the streets of New York City, society has granted psychiatrists enormous powers to combat "madness"—that dark, pervasive force that seems to challenge us at every bend in the road.

Psychiatry has added much to our knowledge of the human mind and has, needless to say, done much good for a good many. But psychiatrists often mystify as they enlighten and in some cases seem to do more harm than good.

Areas of Abuse Cited

Critics of the psychiatric profession point to two major arenas as areas of abuse—in the courts of law and in mental institutions.

The insanity defense had its inception in Western jurisprudence with the M'Naghten rule of insanity which sent criminal defendants judged "insane" to asylums for life rather than to prison or the gallows. The 1843 ruling by the English House of Lords came in response to the case of Daniel M'Naghten, a "madman" who had attempted to assassinate a member of Parliament, but who murdered the member's secretary instead.

Since that time, the courts of Western Europe and the United States have undertaken the increasingly complex and delicate task of gauging a defendant's sanity while judging his guilt. But no single test or system for applying this difficult principle has been widely accepted.

In California and other state court systems, the criminal trial has been split so that guilt is determined without any discussion of sanity. The sanity determination comes after the criminal trial.

As in many other judicial systems, the California courts also hold pretrial mental competency hearings—which keep some defendants from going to trial for years—and admit testimony on a prisoner's mental state into parole board hearings.

'Diminished Capacity' Pleas

California courts also accept "diminished-capacity" pleas from defendants who contend they are basically sane, but that they killed or raped or robbed because of some fleeting affliction which caused them to lose control.

At every phase of a criminal trial, the defendant's thoughts are at issue, and psychiatrists are the "experts" called upon by the courts to expostulate on not only his past thoughts and emotions, but also his present and future mental and emotional state.

"A lawyer is liable to be branded incompetent if he doesn't introduce psychiatric testimony," said Dr. Lee Coleman, a Berkeley psychiatrist and longtime critic of the marriage of psychiatry and law. The highly controversial diminished-capacity defense is broadly applicable to almost any crime and almost any offender, he said.

"Seldom does a serious criminal case filter through the courts of California without the appointment of at least two psychiatrists to determine whether the defense of diminshed capacity is a viable possibility," Los Angeles County Deputy Dist. Atty. Dino J. Fulgoni has said.

Mental States at Issue

For the crime of murder, mental states are at issue in determining specific intent, a condition of first-degree murder in California, and malice aforethought, a condition of first- and second-degree murder.

Thus, under the California Supreme Court's 1959 Wells-Gorshon and 1966 Conley rulings, a charge of first-degree murder can be reduced to voluntary manslaughter exclusively on the basis of psychiatric considerations.

Even voluntary intoxication—or "sugar shock," as in the Dan White "Twinkie" defense in his trial for killing San Francisco Mayor George Moscone—has been the basis for successful diminished-capacity pleas.

The insinuation of psychiatry into law came about almost imperceptibly, but it is very real. Although the arrangement is lucrative for medical and legal professionals alike, not all are happy about it.

"Many persons suffer from mental illness but do not commit crimes," state Sen. David A. Roberti (D-Los Angeles) wrote in a recent issue of a legal journal. "Is there a valid scientific basis for the defenses of diminished capacity and insanity, or are they a convenient

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Los Angeles Times

BACKLASH: Power of Psychiatrists

Continued from Third Page

fiction to avoid harsh penalties for selected defendants?"

Stressing the inexact and subjective nature of psychiatric testimony, Roberti asked, "Are persons we now classify as insane, or diminished in capacity, simply persons who don't meet our expectation of normal? Is the 'obsessive compulsive personality' a disease, or a quirk?"

Coleman put a similar thought in different terms: "The plain fact is that in all of psychiatry and psychology, there is not a single scientific test. Therefore, these professionals are obviously not capable of forming opinions which qualify as expert opinions."

Of course many psychiatrists, as well as the American Psychiatric Assn., disagree.

"The use of psychiatric testimony in criminal courts will continue," Melvin G. Goldzband of the University of California, San Diego, School of Medicine has predicted. "The courts need it, and I only wish that prosecutors would recognize how much they need it too.

"The trend toward diminished capacity over the use of the classic insanity defense . . . continues," he noted, adding that "such concepts as specific intent or malice . . . can be defined meaningfully, and they can be related to mental states."

Fulgoni, writing in the January-February, 1980, issue of Prosecutor's Brief, condemned the diminished-capacity law as a set of "haphazardly inconsistent standards which compound injustice by introducing vagueness and ambiguity into the law."

Fulgoni used two well-known California murder trials—the Dan White and Richard Chase cases—to illustrate his argument.

A Model Citizen

White, a former San Francisco city supervisor, fireman, policeman and high-school athlete, was a model citizen before the November, 1978, morning when he methodically shot two key political adversaries—Mayor Moscone and Supervisor Harvey Milk.

He was convicted of two counts of voluntary manslaughter under a diminished-capacity plea and sentenced to seven years, eight months in prison. He will be eligible for parole in 1984.

Chase, a certified psychotic who allegedly drank the blood of several victims, including a pregnant woman, a small child and several large animals, received multiple death sentences after pleading insanity.

When these cases are examined side by side, Fulgoni argues, "it becomes evident that the quantum of psychosis afflicting the defendant plays little part in the jury's determination of guilt."

Psychiatric testimony is now routinely sought not only in criminal trials, but in civil suits including divorces, child custody cases, disability hearings and conservatorship cases. A conservator is a legal guardian for an adult deemed by the court to be incapable of handling his own affairs effectively.

Used in Deprogramming

Coleman, who contends that "trumped-up and phony conservatorships" have been used as a justification for cult "deprogramming" and other forms of ideological coercion, claims that young adults are frequently committed or remanded to the custody of parents solely on

the basis of religious or political beliefs.

"Conservatorships have been granted on the basis of 'brainwashing' and 'mind control,'" he said. "Psychiatrists are giving these opinions based on religious beliefs, sometimes without even talking to the individual in question."

Noting that "brainwashing is not a term that is accepted in the medical community," Coleman likens state mental hospitals to political and ideological prisons and claims that society's troublesome pariahs are systematically locked up there, deprived of their civil rights and rendered harmless through drugging, electroconvulsive shock, isolation and other dehumanizing techniques.

Numbers Are Growing

"Mental-health professionals commit these acts on behalf of the people," he said. "The public wants to discriminate against mentally disturbed citizens based on our fears that they are dangerous or too sick to know what's good for them."

Most psychiatrists argue that such institutions are a necessary evil, and that many "patients" are "cured" or at least helped by the tranquilizers, anti-depressants and electroconvulsive shock treatments routinely dispensed in most mental-health facilities.

However, although gadfly psychiatrists like Coleman—or his better-known ally, Dr. Thomas Szasz of Syracuse State University—are a very rare breed, a small but growing number of mental-health professionals are joining with former mental patients in many communities to tell the public that areas of abuse exist within the mental-health system.

In the San Francisco Bay area alone, at least two such organizations are functioning—the Network Against Psychiatric Assault, founded in 1974 by relatives and ex-inmates of the state mental hospital at Napa, and the Bay Area Committee for Alternatives to Psychiatry, founded in 1979 in San Francisco.

These and other groups like San Francisco's publicly funded Patients' Rights Advocacy Service Inc., also work to apprise mental patients of their civil rights while lobbying for legislation that insures those rights.

Leonard Frank, author of "The History of Shock Therapy" and one of the alternative committee's volunteer directors, agreed with Coleman's negative appraisal of state mental facilities.

"If the doors are locked, that place is a prison," he said. People who end up in such places are "not so much troubled as they are troubling to others," said Frank, who takes issue with the application of the medical "disease model" to psychiatry.

"They may be going through real-life crises," he admitted, "but our contention is that people should be allowed to go through these crises without any government or medical interference—as long as they don't hurt anyone."

An Indictment of Court Psychiatry

THE REIGN OF ERROR: Psychiatry, Authority and Law
By Lee Coleman, M.D.
Beacon Press; $18.95

REVIEWED BY BERNIE ZILBERGELD

Almost daily the influence of courtroom psychiatry grows. Mental health workers posing as "expert witnesses" are called with increasing frequency to testify about issues involving competency to stand trial, responsibility for crimes, prediction of violent behavior, child custody, personal injury claims and disability payments, guardianship and adoption, government security clearances, military discharges and a host of other matters.

Now Berkeley psychiatrist Lee Coleman, himself once accepting of the current trend, has written a powerful indictment of the growing influence of the mental health professions in our courts. He points out what I suspect most of us already learned from the trial of John Hinckley and Dan White but are afraid to acknowledge: Psychiatry and psychology as practiced in courtrooms are not sciences and have nothing to offer those who have to make difficult moral and legal decisions regarding other people.

Coleman knows whereof he speaks. He has testified in over 100 trials himself, challenging the authority of so-called experts and trying to educate judge and jury as to why the opinions of these professionals "have no scientific merit." As he states in "The Reign of Error," there is no way of accurately assessing someone's state of mind in the past, no way to determine criminal intent scientifically, and no reliable way of predicting future dangerousness, a point granted by the American Psychiatric Association.

Coleman also shows us there is also no reliable method — not hypnosis, not lie detectors, not so-called truth serums and certainly not the clinical skill of psychiatrists — of separating truth from falsehood.

"The Reign of Error" gives example after example of the idiocies of psychiatric testimony. In one murder case,

John Hinckley

Dan White

Coleman says a defense psychiatrist testified that the real murderer was not the accused but rather a separate personality inhabiting his body. A second expert found no sign of this separate entity but nonetheless concluded that the accused was crazy even though he showed no outward signs of craziness. The last defense psychiatrist also missed the separate personality, but he maintained that the accused wasn't responsible for his behavior since everything he did was "unavoidable." Besides, he didn't know he was killing his wife; he thought he was killing his mother.

As expected, the three prosecution experts found the accused to be perfectly sane. Such silliness should come as no surprise in the state that bears the shame of the Dan White trial. White got away with murder, Coleman says, because psychiatrists persuaded the jury that despite overwhelming evidence of cold-blooded murder, White was somehow not himself and didn't know what he was doing (which one expert thought was due to a dietary problem). Coleman's account of the trial and of the admission of White's attorney as to how he manipulated the pychiatrists' testimony is well worth the price of the book.

Whether we like it or not, and Coleman discusses some reasons why we don't like it, psychiatric testimony comes down to personal opinion with nothing expert in it at all or, to use the author's felicitous phrase, "storytelling on the witness stand."

The costs to society of psychiatric power are high. Coleman presents statistics showing that murderers found not guilty by reason of insanity spend far less time in the mental institutions to which they are sentenced than they would have in prison. On the other hand, people found legally insane may remain locked up for years because they can't persuade an expert to release them, even though they haven't hurt anyone. Because of psychiatric testimony, Coleman suggests, our courts are often much harsher with non-dangerous though irrational persons than with murderers and rapists who appear rational and therefore can easily con the experts.

And conning the experts is not as difficult as those without experience in this game may assume. One man Coleman cites was found not guilty by reason of insanity for killing a young girl. Released after only nine months in the hospital, he killed again. While awaiting his second trial he wrote a letter entitled "How to beat a murder rap by insanity" to a friend also being held for murder. The advice in his letter is good and there is nothing irrational about it.

Whether because of this murderer's efforts or for other reasons, more and more lawyers and criminals have learned that amnesia for the crime, unconventional responses to psychological tests, seeing and hearing things that aren't there and generally any kind of strange behavior, may help their cases.

The author's recommendations merit serious consideration. Psychiatric testimony should be banned from all trials, and juries should base their decisions on factual evidence rather than on psychiatric speculation. That's what juries are for. If a crime was committed, let the accused have the just punishment due him or her, and let's stop kidding ourselves by using euphemisms such as rehabilitation. Coleman comes out squarely in praise of punishment that is honest, fair and fits the crime. It may not please the criminal, but society can't get along without it.

If no crime was committed, Coleman argues, we should leave people alone. Treating them for their own good, as we like to call it, serves no useful purpose and gives psychiatrists power that has benefited almost no one except criminals and mental health experts. Coleman urges that we divorce psychiatric treatment from all state coercion. Let psychiatrists and psychologists treat only those who voluntarily seek their services; maybe here at least they will do some good.

This is not the first book to expose the disgrace of psychiatric power, but it may be the best. Provocative yet logical, consistent, persuasive, concise and very readable, it deserves a wide audience. ■

Oakland psychologist Bernie Zilbergeld is the author of "The Shrinking of America: Myths of Psychological Change."

S.F. SUNDAY EXAMINER/CHRONICLE REVIEW/JULY 29, 1984

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PERSONAL FREEDOM

VOL. I, ISSUE 4

Psychiatry in the '90s:
YESTERDAY'S SKELETONS, TODAY'S NIGHTMARE AND TOMORROW'S MEMORY

KAUAI, HAWAII — A small group of psychiatrists will be gathering in Kauai, March 27-29, at the American Psychiatric Association's (APA) "Area VII 1986 Continuing Medical Education Conference" to thrash over a variety of concerns to the profession under the theme of "Psychiatry in the '90s; Today's Practice And Tomorrow's Perspective."

Considering the mounting evidence that drug treatments are causing violence in mental patients, accusations from within the profession that psychotherapy shows poor results, and exposure of psychiatric complicity in CIA "mind control" experiments, psychiatrists may find an in-depth discussion of their future in the '90s to be extremely disconcerting.

According to Fred Ulan, international spokesman for the Citizens Commission on Human Rights (CCHR), "Today's practicing psychiatrist is on dangerous ground, which is growing more ominous each day. These dangers," Ulan stressed, "occur in several areas: economic, psychopharmacological, psychotherapeutic and interprofessional relationship concerns."

Economic Concerns

"It is no small wonder," Ulan noted, "that the priority concern of the conference will be, according to the Area VII APA's agenda, economic."

An analysis of expenditures and funding for psychiatry has shown that the bulk of financing for mental health research and experimentation comes from government and foundation funds. In contrast, there is little public demand for psychiatry outside of the framework of government-supported delivery systems. "It is fairly obvious what would happen to the profession if there were policy shifts which cut financing lines," Ulan said.

Psychopharmacological Concerns

According to Ulan and a growing number of health experts, as well as some psychiatrists, the administration of psychiatric drugs contributes to instability, brain damage and violence in patients and subjects the psychiatrist to potential lawsuits.

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Mark Chapman
Bad Boy, Bad Therapy or Programmed Killer?

KAUAI, HAWAII — During the American Psychiatric Association, Area VII's March 27-29 gathering in Hawaii, entitled "Psychiatry in the '90s; Today's Practice and Tomorrow's Perspectives," attendees will likely not want to recall the fact that Mark Chapman was a product of psychiatry, having been "treated" extensively at more than one Hawaiian psychiatric facility prior to gunning down John Lennon.

Shortly after Lennon's death, media accounts at the time reported that Chapman had spent a brief, "one-time stay" at Castle Memorial Hospital (now Medical Center) in Hawaii following a suicide attempt in 1977. However, according to a highly revealing March 1986 article in *FREEDOM Magazine*, the full picture of Chapman's psychiatric record has been a well-guarded secret.

As reported in the story, "News accounts of Chapman's psychiatric treatments minimize their importance and their subsequent effect on Chapman's life and character.

". . . Chapman was treated on two different occasions at Castle. One of the treatment periods was extensive and lasted for several weeks.

"Sources furthermore revealed that Chapman was also treated in at least one other psychiatric facility in the Honolulu area on two occasions.

"This additional chapter in Chapman's previously hidden psychiatric past began *prior* to his first suicide attempt in 1977, when he was admitted to the Waikiki Mental Health Clinic. . . ."

According to the *FREEDOM* article, information supplied by two confidential sources — former employees of Castle Memorial Hospital — indicates that Chapman fit the bill for what appears to have been a program to create a "psychopath" who would

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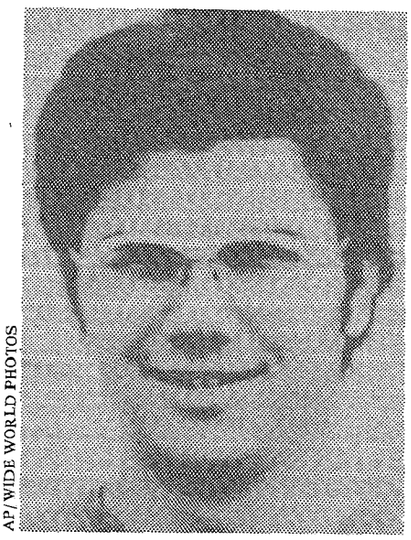

AP/WIDE WORLD PHOTOS

In 1977, Mark David Chapman resided in Hawaii where he received extensive psychiatric treatment after an attempted suicide.

PSYCHIATRY IN THE '90s: TOMORROW'S MEMORY

continued from page 1

In addition, revelations in the 1970s of clinical drug studies undertaken by psychiatrists funded covertly by the CIA is a major concern. According to Ulan, there is no evidence that such CIA backing of psychiatric drug testing has ceased. This has raised concern that other clinics, their directors or staff members may also be active CIA operatives involved in mind control experiments or programs.

Psychotherapy Concerns

Psychotherapists are debating the practice of third party insurance payments because the results of psychiatric theories and practices continue to be so questionable. In addition, there is fractiousness within the psychiatric profession itself over the definitions of "mental health" and "mental disorders" and the subsequent diagnoses that are often so blatantly authoritarian and inept.

Interprofessional Relationship Concerns

Non-physician mental health professionals as well as medical doctors and some psychiatrists are no longer ignoring the psychiatric abuses of psychosurgery, electric shock and chemical straight-jacketing of patients or the implications of political psychiatry as a totalitarian control tool.

To the practicing psychiatrist today, these concerns are of vital importance. They affect whether or not he or she will have a profession in the 1990s and what the nature of it will be.

Underlying the psychopharmacology/psychotherapy schism is a fundamental, and perhaps obscure, concern: What will psychiatry be in the 1990s?

There's a range of possible scenarios, flanked by these two extremes:

A. THE NO PSYCHIATRY SCENARIO: Abuses and failures in the field lead to increased civil and criminal actions, increased insurance rates, and decreased funding. With continued exposure of such abuses, psychiatric authoritarianism fails in the eyes of courts and legislatures; psychiatric testimony is banned from courts, and legislative sanctions increasingly restrict psychiatric activity. With funding and demand dwindling, and costs of doing business rising, more and more psychiatrists leave practice to pursue other occupations.

Full exposure of political involvement with the CIA and other intelligence agencies in mind control experiments and operations is accomplished. Entrenched hierarchies of politically motivated psychiatrists are completely discredited.

Those who can produce demonstrable results supplant psychiatrists in caring for the "mentally ill," handling criminals, and overseeing education. Psychiatric professionals are left to gnaw old bones in musty clubhouses while talking about the good old days.

B. THE POLITICAL PSYCHIATRY SCENARIO: Ineffectiveness and outright harmfulness continue to be ignored and tolerated within psychiatry and are swept under the rug by political forces that fund, utilize and manipulate the psychiatrist(s). Strategically placed psychiatrists continue to use methodology developed in conjunction with the CIA and other intelligence agencies to subvert and manipulate individuals and groups for political/philosophic ends.

In-place psychiatrists destroy the constitutional protection of due process, thereby effecting a coup to seize and implement the "treatment/re-education" of individuals. Psychiatric detention centers like those envisioned by Nelson Rockefeller's proposed legislation for the "Care and Treatment of the Mentally Ill of Alaska" ("Siberia Bill") in 1954 force themselves into existence. "Proper" therapy is legislated and "divergent" therapies banned. *Any* counseling by *non-state licensed* psychiatrists is "outlawed."

In short, psychiatry comes out of the closet, severing itself from therapeutic pretense, and "becomes" *political psychiatry*. A description of this scenario is available historically in Nazi Germany and currently in Communist Russia and the mental health camps in South Africa.

Momentum Toward Abuse

A historical examination of psychiatry exposes a philosophy which justifies the most extreme brutality and even the wholesale slaughter of man. As the fundamental assumption of psychiatry is that man is merely a more advanced animal than the ape, it is not difficult to understand the early association of psychiatry with Hitler's race purification programs.

It was 1929 when the Rockefeller Foundation financed genetic research under Professor Ernst Rudin of the Kaiser Wilhelm Institute in Munich, Germany. Rudin is described by Fredric Wertham, M.D. in his book *A Sign for Cain* as the man who "supplied the 'scientific' reasons according to which mass sterilizations of all kinds of physically and mentally handicapped per-

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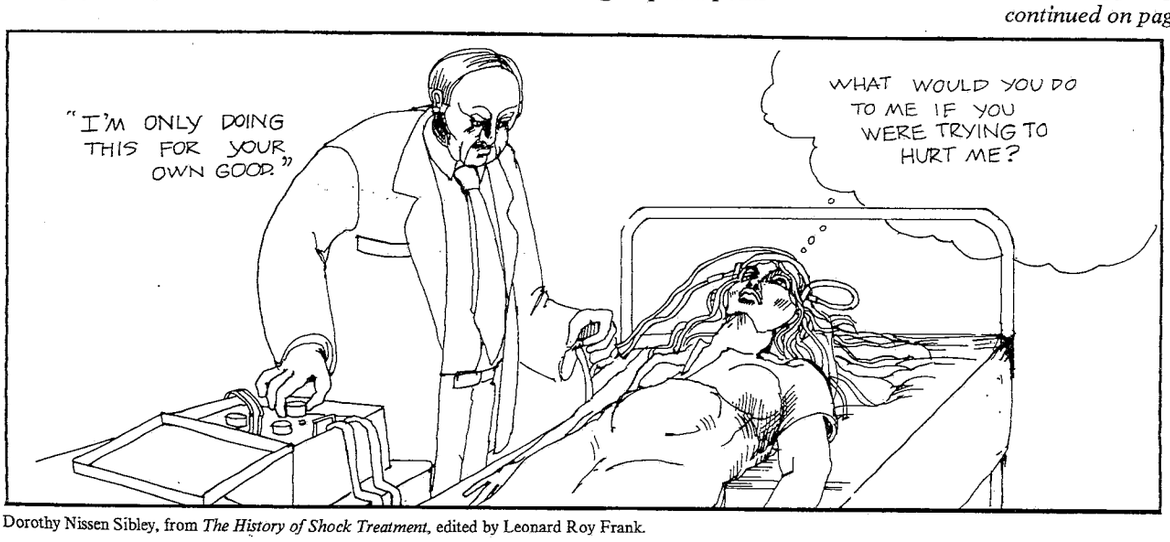

Dorothy Nissen Sibley, from *The History of Shock Treatment*, edited by Leonard Roy Frank.

PSYCHIATRY IN THE '90s: TOMORROW'S MEMORY

continued from page 2

sons took place." Rudin designed Hitler's compulsory sterilization law of 1933 and was party to the mass killings of mental patients ("useless eaters") that followed.

While psychiatrists directed the destruction of millions of Jews in Nazi concentration camps and the death of at least 30,000 German mental patients, other psychiatrists outside of the Third Reich discussed the merits of the genetic theories of mental illness and sterilization and death "treatments."

Although wholesale slaughter and mass sterilizations have traditionally been frowned upon in democratic societies, these theories were, nonetheless, implemented in the United States by way of sterilization programs used primarily against black women. While public outcry appears to have eliminated such programs, "brain sterilization" — psychosurgery and psychiatric drugs which destroy the will and ability to procreate — have merely supplanted these older and less sophisticated methods of the earlier eugenicists.

The original biological theories contemptuously recommended sterilization across the globe by killing mental patients and other "defectives" for therapeutic purposes. After the "sterilization," the planet would be "racially clean." Of course, this is no different from any totalitarian justification for "political sterilization" of a country by murdering "political defectives" en masse.

Outside of the totalitarian environment, while maintaining the biological philosophy, psychiatric techniques retrogressed to sexual sterilization, then to "brain sterilizations" such as lobotomies and electric shocks. Because these too were protested by the public, the development and administration of psychotropic drugs was implemented as a "humanitarian treatment."

Drugs were more acceptable to the public who were told of the "successes" achieved in suppressing psychotic behavior, a desirable result considering the wild condition of severe cases in mental hospitals. Drugs were more subtle, and seemingly did not cause irreparable damage, so the public was beguiled into letting psychiatrists use this means to subdue extreme, disturbing behavior.

"Hooking for the CIA"

Unfortunately, the public's willingness to let the psychiatrist remain behind closed doors and experiment on patients with drugs left psychiatrists in a secret room into which crept an unfortunate bedfellow and ally: armed services intelligence agencies and the CIA.

Since "subtlety" is the byword of

continued on page 4

Bad Boy, Bad Therapy or Programmed Killer?

continued from page 1

commit an act of violence when the right stimuli were brought into play by his programmers.

Such programming would have included the use of devastating psychiatric drugs coupled with humiliation and verbal assaults upon the "patient" by psychiatrists who were "treating" him.

In addition, a detailed analysis of CIA and FBI documents, cited in the *FREEDOM* article, reveal the agencies' worries that Lennon was a powerful social and political figure whose influence over millions of admirers posed a threat to the intelligence community's plans for political and social control.

The CIA's funding of psychiatric mind control experiments, moreover, is well documented, and according to observers, cannot be ignored in the emerging and clearly delineated scenario that John Lennon was destroyed by the intelligence community's 20th century weapon — psychiatry.

"Vow of Silence"

Not only can a psychiatrist induce an individual to commit specific acts through the application of pain, drugs and hypnosis (PDH), he can also implant in an individual's mind a suggestion "to forget" or "not talk" about those acts. Such suggestions can later be activated by a simple command or statement made to the subject.

While Chapman was in custody and awaiting trial, he and his attorney had enjoyed normal conversations while his defense was being prepared. A short time later, Chapman who had pled "not guilty by reason of insanity," received a message from "God" that told him to plead guilty. Subsequently, his attorney, Jonathan Marks, said that since that point in time, "It has not been possible to have a meaningful dialogue with Mr. Chapman."

By dropping his plea of "not guilty by reason of insanity," Chapman obviated a trial that could have examined his previous psychiatric treatment. Instead, he was conveniently and expeditiously sentenced without a trial and took a "vow of silence." Shortly after, Chapman was transferred to Attica State Prison, where he has remained silent ever since.

Cleaning Its Own House

While the death of such figures as John Lennon cannot be undone, psychiatry's role in the manufacture of violence must be eliminated.

"The CIA's funding of psychiatric mind control experiments is well documented and, according to observers, cannot be ignored in the emerging and clearly delineated scenario that John Lennon was destroyed by the intelligence community's 20th century weapon — psychiatry."

The nature of the tools being used — drugs and behavior modification techniques — are essentially control mechanisms, not therapeutic tools. This may explain why it has been nearly impossible to separate psychiatry from political and social manipulation. It may be that the creation and implementation of these tools is mandated by psychiatry's philosophy of "treatment," and thus, without a new philosophy, psychiatry will continue maiming and destroying mankind in the name of therapy.

— Tim Skog

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PSYCHIATRY IN THE '90s: TOMORROW'S MEMORY

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intelligence, they were very interested in drug research. A memorandum by CIA Deputy Director for Plans Richard Helms (later to become the agency's director) regarding a November 29, 1963 meeting with the deputy director of central intelligence describes their interest.

"For over a decade the Clandestine Services has had the mission of maintaining a capabilty for influencing human behavior. . . . If we are to continue to maintain a capability for influencing human behavior, we are virtually obliged to test on unwitting humans."

Other CIA documents describe experiments and activities aimed at achieving mind control and brainwashing so as to cause individuals to commit assassinations at the CIA's behest and against their will, and to have no recoverable memory of the source of their action.

Acting under the scope and funding of CIA and military security agencies, psychiatrists such as Louis Jolyon "Jolly" West, Sid Gottlieb, and Harris Isbell, engaged in massive experimentation on mental patients with LSD and other drugs.

West was described by Walter Bowart, author of *Operation Mind Control*, as "perhaps the chief advocate of mind control in America today." According to Bowart, "From his participation in the development of brainwashing techniques for the U.S. Air Force to his involvement in the CIA's [in]famous MK ULTRA[1] projects, West has figured so prominently in the research and development of the invisible war[2] that his public career appears like a carefully constructed espionage 'cover.'"

West now directs the Neuropsychiatric Institute at UCLA in Los Angeles where he came under public fire for attempting to set up an experimental program to study violence at a secluded, unused military base. West was also the psychiatrist who declared Jack Ruby, killer of John F. Kennedy's alleged assassin, Lee Harvey Oswald, insane — thus denying Ruby a trial that many speculate would have publicly implicated the CIA in the assassination of President Kennedy.[3]

Sid Gottlieb directed CIA-financed LSD experiments in which he wanted "operationally pertinent materials along the following lines: *Disturbance of Memory; Discrediting by Aberrant Behavior; Alteration of Sex Patterns; Eliciting of Information; Suggestibility;* [and] *Creation of Dependence.*"

"Such psychiatric complicity with the CIA on 'witting' and unwitting subjects has left a path of destruction of the minds and lives of individuals and demonstrates that the philosophic contempt for mankind of Nazi psychiatric theorizing is still among us."

Harris Isbell's CIA work was "funded through Navy cover with the approval of the Director of the National Institutes of Health," according to John Marks in his book *Manchurian Candidate*. Isbell was Director of the Addiction Research Center in the federal drug hospital in Lexington, Kentucky. Experimental subjects were offered time off their sentence or the drug of their choice if they "volunteered" for drug experiments. At one point "he kept seven men on LSD for 77 straight days."

Such psychiatric complicity with the CIA on "witting" and unwitting subjects has left a path of destruction of the minds and lives of individuals, and demonstrates that the philosophic contempt for mankind of Nazi psychiatric theorizing is still among us.

That the "genetic contempt" philosophy is alive and well today is exemplified by psychiatrist Ernst Rodin who suggested sterilizing young blacks "who riot[ed]" in the Detroit ghettos only a decade ago.

Another example is Jolly West associate and psychiatrist John Clark of Massachusetts, who addressed a meeting of the German Association of Children's and Youth Psychiatry (GUYP) in Germany in 1978. In this meeting, which was attended by at least one Nazi doctor, Clark, when asked if the situation with minority religions in Germany was the same as in the U.S., replied that the biological attributes were the same, and, therefore, the problems were the same.

The insidious danger of the CIA-Psychiatry link is that it provides a vehicle for the re-implementation of a "social sterilization" philosophy. By utilizing refined, subtle techniques combining intelligence methodology and psychiatric "mind control" technology, psychiatrists are able to function in a democratic society under the secrecy provided by an intelligence agency.

Under such circumstances, it is difficult to inspect the research, experimentation and practice of many psychiatrists. Knowing whether or not a particular line of funded research is being monitored by the CIA for their use — or whether a particular development is being used without public knowledge to direct social actions — is a difficult if not impossible task for most people.

For that matter, only a few of the names of individual psychiatrists and institutions who have served the CIA are known. The question still lingers as to where their allegiances lie and whether or not they continue to provide active, knowing research services or even participate in "mind control/behavior control" operations to the extent, of programming the assassins that the CIA desired years ago.

Psychiatry's Future

However, psychiatry cannot merely jump out of bed and thereby lay the blame for its crimes and failures solely at the feet of the CIA. Moreover, psychiatrists have prostituted themselves on numerous occasions for far more violent and destructive masters long before having gone to bed with the CIA.

In fact, if psychiatry is ever going to shake this mantle of ill-repute, it will only be achieved by individual psychiatrists assuming reponsibility for the ways and means for treating mankind on a truly voluntary and humane basis.

— *Gary Brown*

[1] As described by former CIA Director Stansfield Turner, MK ULTRA was an "umbrella project" that embraced 149 separate sub-projects. These were wide-ranging research efforts in chemical and biological warfare, and behavior modification through drugs, hypnosis, and other forms of "mind control."

[2] The invisible war is warfare as planned and conducted by modern intelligence agencies, such as the American CIA and the Soviet KGB.

[3] The reader is urged to read the March 1986 issue of *FREEDOM Magazine* for further information concerning the implication of West in the cover-up of John F. Kennedy's assassination.

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FREEDOM

The Cause of Crime

Learned Psychotics by Thomas S. Szasz pg. 2

FREEDOM. LIBERTY—FRANKNESS—OUTSPOKENNESS. THE RIGHT OF THE INDIVIDUAL OR THE GROUP TO BE, TO DO, TO HAVE. FREEDOM FROM/FREEDOM TO

Commentary

LEARNED PSYCHOTICS

by Thomas S. Szasz

Perhaps because he does not have enough self-confidence, the ordinary person is likely to assume that when he cannot understand what someone in authority is saying, it is because he is too stupid or too uneducated. Authorities have always known this and have always exploited it by awing and bullying the plebes with Greek or Latin, with technical jargon, or, if need be, with gibberish.

Since psychiatry is a pseudo-science, it is not surprising that psychiatrists are especially eager to be accepted as scientific experts. Since they obviously cannot bring this about by discovering the causes and cures of mental diseases which — tragically for psychiatrists no less than for patients — do not exist, they have to do it by producing great quantities of gibberish. That is indeed the most constant and most frequent thing psychiatrists do, in speech as well as in print. George Orwell was not, but he might as well have been, writing about psychiatrists when he observed that "the great enemy of clear language is insincerity. When there is a gap between one's real and one's declared aims, one turns as if it were instinctively to long words and exhausted idioms, like a scuttlefish squirting out ink."

Although this was the furthest thing from what they had in mind, some years ago a group of mental health educators conducted an experiment that demonstrated rather impressively the validity of my foregoing contention. The experiment consisted of the investigators' hiring a professional actor "who looked distinguished and sounded authoritative," naming him Dr. Myron L. Fox, bestowing upon him the persona of "an authority on the application of mathematics to human behavior," and coaching him to teach "charismatically and nonsubstantively on a topic about which he knew nothing."

"Dr. Fox" addressed a group of psychiatrists, psychologists, and social work educators and his lecture was videotaped. The tape was then shown to another similar group and finally to a group of educators and administrators taking a graduate course in educational philosophy. In all there were 55 subjects tested. The result: "All respondents had significantly more favorable than unfavorable responses.... One even believed he [had] read Dr. Fox's publications." Among the specific responses quoted by the investigators were the following: "Excellent presentation... Good analysis of the subject... Knowledgeable." That this was the idea of a group of mental health experts about how to fake a psychiatric presentation is itself wonderfully revealing. But the best part of this experiment is, of course, that "Dr. Fox" was such a success.

"Dr. Fox's" deliberately staged gibberish was delivered in 1972. In 1982, I discovered another "Dr. Fox-lecture," this time given for real by a really distinguished psychiatrist before a really distinguished audience. Since this address was published, I may quote from it, and I shall:

> Recall that clinical experience and science do incrementally define the *selective* use of innovations, while policy reflexly greets innovation with prophecies of fiscal doom. In retrospect, the actual gains for health might render such poor prophets a loss! Where policy seeks formulas for determining choice and guiding treatment, science understands the fundamental basis for variability in disease and response and the method for sequentially approximating precision in the clinical process.

The author of this luminous passage, Daniel X. Freedman, is chairman of the department of psychiatry at the University of Chicago. The lines quoted are from his presidential address delivered at the American Psychiatric Association's annual meeting in May 1982.

When a prominent American psychiatrist writes such gibberish; when that psychiatrist occupies an endowed chair at one of America's great universities and is the president of the American Psychiatric Association; when the gibberish is the published text of his presidential address delivered before the American Psychiatric Association; and when the *American Journal of Psychiatry* publishes such gibberish as if it were in English and made sense — then we face a situation about which somebody ought to say something. Since no "uncontroversial psychiatrist" would dare to say that a psychiatric emperor is naked, especially when the emperor insists he is sporting the most splendid garments, I volunteer my services as a "controversial psychiatrist" (which is the least offensive diagnosis my colleagues like to pin on me) to bring this piece of psychiatric skullduggery to the attention of the public.

Freedman begins his address with these words: "I will not reprise [sic] this past active APA year, but wherever we have worked, members of APA have engaged in lively discussion and useful action on critical topics." Presumably, Freedman means that he will not review or repeat whatever it is that he is referring to.

Freedman evidently believes that "reprise" is a very serviceable word, because he uses it again, toward the middle of his address, where he writes: "The remarkable advent of pharmacotherapies has of course profoundly affected both basic science and clinical practice, and — more than I can here reprise [sic] it — complexly affected professional and public orientation to psychiatry."

That is surely an odd way of saying that the currently fashionable use of drugs in psychiatry has profoundly affected both the profession and the public. But what is it that Freedman can't "reprise" here? He says it is the "remarkable advent of pharmacotherapies." But the introduction of certain drugs into psychiatry is simply a fact or occurrence. It need not be, and indeed cannot be, reviewed.

Ever since schizophrenia — the most dreaded and mysterious of so-called mental illnesses — was invented by the great Eugen Bleuler in 1911, it was supposedly characterized, in Bleuler's own words, "by a specific type of alteration of thinking." However, since no human being can know what another thinks, this statement is necessarily false. What Bleuler meant, and said elsewhere, was that the so-called schizophrenic's "linguistic expression may show every imaginable abnormality" — for example, "poverty of ideas [and] incoherence."

Since the invention of schizophrenia, and especially since the Second World War, students of communication have been intensely interested in the language of "psychotics," which, perhaps because it is so overblown with pathetic conceit, is said to be "pathological." When so-called psychotics assert, for example, that they are the Savior or that the Russians are sending messages to their gold teeth, they lie so naively and so brazenly that their false claims are deemed to be the symptoms of madness. Ironically, the language of psychiatrists is often indistinguishable from the language of psychotics. Freedman's lecture is full of the sorts of linguistic delicts that psychiatrists regard as typical of the verbal behavior of schizophrenics.

I have already cited examples of the mumbo-jumbo Freedman passes off as professional wisdom. Here is an example of one of his pretentious claims supported by nothing more than conceit. "Clearly," Freedman declares, "all physicians attempt to enhance the individual's wishes for optimal self-regulation of functions — both physiologic and psychologic..." If that were true, physicians would be angels in a libertarian heaven. Since psychiatrists in general and Freedman in particular are enthusiastic supporters of psychiatric coercions and mutilations — Freedman is even eulogized by a colleague in an accompanying article for his contributions to the Yale lobotomy project — the claim about physicians' (without exception) favoring "self-regulation" is a patent falsehood.

Consistent with the magisterial style Freedman affects, he addresses the views of those with whom he disagrees in an appropriately haughty and disdainful tone. Some of those who criticize psychiatry, never named or otherwise identified, seek "simplistics as an escape from the painful exercise of judgment. Others are invested in ignoring both our science base and the real-world context for clinical decision making. They toy with the mentally ill as a metaphor for pet philosophical, political, personal, or just plain miserly bureaucratic purposes." It is difficult to be sure just what this means, though it certainly implies that Freedman is a noble person, whereas those who behave in the ways he describes are ignoble.

"One wonders," Freedman continues, "about the despairing impatience of some of our colleagues or angry residents who have written retributively silly books." Not a single reference to a "retributively silly book" is cited, however.

In short, Freedman does not "review" past events, he "reprises" them; he does not recognize writings critical of psychiatry, he regards them instead as "retributive," and "silly" as well. The paranoid talks bizarrely about unidentified "theys" plotting against him; Freedman writes presidentially about unidentified "theys" opposing the "science base" of psychiatry. But regardless of the evidence against it, we stubbornly cling to our belief that the mental patient's language is psychotic and the psychiatrist's is scientific. *Credo quia absurdum.* △

Thomas S. Szasz is Professor of Psychiatry at the State University of New York in Syracuse and author of such books as *The Myth of Mental Illness* and *The Manufacture of Madness.*

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PSYCHIATRY: The Cause of Crime

by Rev. Thomas G. Whittle

The nude and battered body of a 52-year-old woman is found by her husband, personal lawyer to the President of the United States. The woman is dead. She has been raped. The alleged assailant is her own son.

A farm labor contractor lures a migrant worker to an isolated area in the thousands of acres of orchards around Yuba City, Calif. With blood-chilling ruthlessness, he silently hacks the man to pieces. Systematically, over a period of months, he slaughters two dozen more workers.

A security guard quits his job, buys a gun, borrows $2,500 and flies from Honolulu to New York City. He spends several days haunting an apartment building where some of New York's most famous celebrities live. The last day of his vigil, ex-Beatle John Lennon autographs an album for him. Hours later, the celebrated musician lies dead — shot twice in the back and twice in the shoulder by the autograph hunter.

The common denominator in these examples — Michael Miller, Juan Corona and Mark Chapman — is psychiatry.

In a study conducted by the Los Angeles chapter of the international psychiatric reform group, the Citizens Commission on Human Rights, involving nearly 400 cases of murder, suicide, rape, arson and kidnapping, it was found that one thing held true: each person responsible for the act had either been recently under the care of a psychiatrist, or had not long before been released from a psychiatric facility.

By its own statistics, psychiatry is a producer of violent criminal acts. A random study of former psychiatric patients showed that 201 went on to commit violent crimes. These included 296 murders. Of those 201 violent criminals, 150 had no record of violence prior to their psychiatric treatments!

Still another study, conducted several years ago, has direct relevance. The study involved a very large group of youngsters — more than 500 — from Cambridge and Somerville, Mass.

In 1939, the children, aged 5 to 13, were divided at random into two groups. Half received individual therapy for about five years; the other half received no therapy.

More than 30 years after the conclusion of the therapy, almost 80 per cent of the original group was located and follow-up studies were done.

Clockwise from upper left: Charles Whitman, the Texas Tower murderer; Juan Corona, killer of 25 migrant workers; Mark Chapman, killer of John Lennon; Robert DeSalvo, the Boston Strangler; Michael Miller, alleged killer of Marguerite Miller; James Earl Ray, assassin of Rev. Dr. Martin Luther King, Jr.; David Berkowitz, "Son of Sam"; Lee Harvey Oswald, assassin of President John F. Kennedy; John W. Hinckley III, attempted assassin of President Ronald Reagan; and Sirhan Sirhan, assassin of Robert F. Kennedy. Art by Peter Green.

The program, designed to prevent the children from engaging in crime, had the opposite effect. As reported in *Science News*, "Almost without exception, therapy appeared to have had a negative, or at least a non-positive, effect on the youngsters in later life." There was a direct correlation "between therapy and the onset of criminal behavior."

Mass murderers

What is it that can produce a mass murderer like Robert DeSalvo, the Boston Strangler, or Richard Speck, slayer of eight helpless nurses?

The brutal treatments of psychiatry — electro-convulsive shock, forced druggings, behavior modification — are worth a much closer look.

Dr. Thomas Szasz describes shock treatment as "a barbarity. I have never used it and never would. I wouldn't dream of recommending it. If someone asked me about it, I would point out that neurologists go to great lengths trying to prevent seizures in persons who have epilepsy, because every time a person has a grand mal seizure, his brain gets damaged."

Dr. John Friedberg, a neurologist, author of *Shock Treatment Is Not Good For Your Brain*, condemned the use of shock, psychosurgery and psychiatric drugs as "intelligence turning against itself, a species engaged in fractional suicide... The motives, at best, are the misguided pursuit of happiness and at worst, domination."

Last fall's referendum banning the use of shock therapy in Berkeley shows the level of popular resentment of such violent treatments. Moreover, a recent poll conducted in the Los Angeles area by the Citizens Commission on Human Rights shows that sentiment against shock treatment is even *greater* than in Berkeley.

The poll of more than 600 residents selected at random showed more than three to one favoring abolition of electroshock therapy in California. By an even larger margin, nearly four to one, the residents polled felt that shock therapy was not effective.

Over the years, FREEDOM has documented the brutality and heartlessness of various ineffective psychiatric therapies. These therapies, as shown in the previously mentioned referendum and poll on electroshock, have been encountering continually growing opposition from the public at large.

Psychiatry's cruel "treatments" are the correct target of reform. Psychiatry and its brutal, oppressive "remedies" for crime have in fact created our crime problem. The very nature of these "treatments" will oppress a being to the point that he will seek vengeance against society.

Violence increased with drugs

Psychiatry's mounting reliance on drugs in therapy is contributive to the problem. A study in a maximum security correctional facility showed that instances of aggression increased markedly when inmates were given drugs — up to 500 per cent with some types of drug. Commonly used antianxiety agents caused 3.6 times as many acts of aggression. The drugs were exacerbating the very conditions they were meant to resolve!

In the May 1980 edition of FREEDOM, Dr. Szasz wrote, "I hope people eventually will be able to discriminate between two types of physicians: those who heal, not so much because they are saints, but because it is their job; and those who harm, not so much because they are sinners, but because that is their job. And if some doctors harm — torture rather than treat, murder the soul rather than minister to the body — that is, in part, because society, through the state, asks them and pays them to do so. We saw it happen in Nazi Germany, and we hanged many of the doctors. We see it happen in the Soviet Union, and we denounce the doctors with righteous indignation.

"But when will we see that the same things are happening in the so-called free societies? When will we recognize and publicly identify the medical criminals among us?" △

THE ANTI-SOCIAL PERSONALITY
THE ANTI-SCIENTOLOGIST

by L. Ron Hubbard

There are certain characteristics and mental attitudes which cause about 20 per cent of a race to oppose violently any betterment activity or group.

Such people are known to have anti-social tendencies.

When the legal or political structure of a country becomes such as to favor such personalities in positions of trust, then all the civilizing organizations of the country become suppressed and a barbarism of criminality and economic duress ensues.

Crime and criminal acts are perpetuated by anti-social personalities. Inmates of institutions commonly trace their state back to contact with such personalities.

Thus, in the fields of government, police activities and mental health, to name a few, we see that it is important to be able to detect and isolate this personality type so as to protect society and individuals from the destructive consequences attendant upon letting such have free rein to injure others.

As they only comprise 20 per cent of the population and as only 2½ per cent of this 20 per cent are truly dangerous, we see that with a very small amount of effort we could considerably better the state of society.

Well known, even stellar examples of such a personality are, of course, Napoleon and Hitler. Dillinger, Pretty Boy Floyd, Christie and other famous criminals were well known examples of the anti-social personality. But with such a cast of characters in history we neglect the less stellar examples and do not perceive that such personalities exist in current life, very common, often undetected.

When we trace the cause of a failing business, we will inevitably discover somewhere in its ranks the anti-social personality hard at work.

In families which are breaking up we commonly find one or the other of the persons involved to have such a personality.

Where life has become rough and is failing, a careful review of the area by a trained observer will detect one or more such personalities at work.

As there are 80 per cent of us trying to get along and only 20 per cent trying to prevent us, our lives would be much easier to live were we well informed as to the exact manifestations of such a personality. Thus we could detect it and save ourselves much failure and heartbreak.

It is important then to examine and list the attributes of the anti-social personality. Influencing as it does the daily lives of so many, it well behooves decent people to become better informed on this subject.

ATTRIBUTES

The anti-social personality has the following attributes:

1. He or she speaks only in very broad generalities. "They say . . .", "Everybody thinks . . .", "Everyone knows . . ." and such expressions are in continual use, particularly when imparting rumor. When asked "*Who* is everybody . . . " it normally turns out to be one source and from this source the anti-social person has manufactured what he or she pretends is the whole opinion of the whole society.

This is natural to them since to them all society is a large hostile generality, against the anti-social in particular.

2. Such a person deals mainly in bad news, critical or hostile remarks, invalidation and general suppression.

"Gossip" or "harbinger of evil tidings" or "rumor monger" once described such persons.

It is notable that there is no good news or complimentary remark passed on by such a person.

3. The anti-social personality alters, to worsen, communication when he or she relays a message or news. Good news is stopped and only bad news, often embellished, is passed along.

Such a person also pretends to pass on "bad news" which is in actual fact invented.

4. A characteristic, and one of the sad things about an anti-social personality, is that it does not respond to treatment or reform or psychotherapy.

5. Surrounding such a personality we find cowed or ill associates or friends who, when not driven actually insane, are yet behaving in a crippled manner in life, failing, not succeeding.

Such people make trouble for others.

When treated or educated, the near associate of the anti-social personality has no stability of gain but promptly relapses or loses his advantages of knowledge, being under the suppressive influence of the other.

Physically treated, such associates commonly do not recover in the expected time but worsen and have poor convalescences.

It is quite useless to treat or help or train such persons so long as they remain under the influence of the anti-social connection.

The largest number of insane are insane because of such anti-social connections and do not recover easily for the same reason.

Unjustly we seldom see the anti-social personality actually in an institution. Only his "friends" and family are there.

6. The anti-social personality habitually selects the wrong target.

If a tire is flat from driving over nails, he or she curses a companion or a non-causative source of the trouble. If the radio next door is too loud, he or she kicks the cat.

If A is the obvious cause, the anti-social personality inevitably blames B, or C or D.

7. The anti-social cannot finish a cycle of action.

Such become surrounded with incomplete projects.

8. Many anti-social persons will freely confess to the most alarming crimes when forced to do so, but will have no faintest sense of responsibility for them.

Their actions have little or nothing to do with their own volition. Things "just happened".

They have no sense of correct causation and particularly cannot feel any sense of remorse or shame therefore.

9. The anti-social personality supports only destructive groups and rages against and attacks any constructive or betterment group.

10. This type of personality approves only of destructive actions and fights against constructive or helpful actions or activities.

The artist in particular is often found as a magnet for persons with anti-social personalities who see in his art something which must be destroyed and covertly, "as a friend", proceed to try.

11. Helping others is an activity which drives the anti-social personality nearly berserk. Activities, however, which destroy in the name of help are closely supported.

12. The anti-social personality has a bad sense of property and conceives that the idea that anyone owns anything is a pretense, made up to fool people. Nothing is ever really owned.

THE BASIC REASON

The basic reason the anti-social personality behaves as he or she does lies in a hidden terror of others.

To such a person, every other being is an enemy, an enemy to be covertly or overtly destroyed.

The fixation is that survival itself depends on "keeping others down" or "keeping people ignorant".

If anyone were to promise to make others stronger or brighter, the anti-social personality suffers the utmost agony of personal danger.

They reason that if they are in this much trouble with people around them weak or stupid, they would perish should anyone become strong or bright.

Such a person has no trust to a point of terror. This is usually masked and unrevealed.

When such a personality goes insane the world is full of Martians or the FBI and each person met is really a Martian or FBI agent.

But the bulk of such people exhibit no outward signs of insanity. They appear quite rational. They can be *very* convincing.

However, the list given above consists of things which such a personality cannot detect in himself or herself. This is so true that if you thought you found yourself in one of the above, you most certainly are not anti-social. Self-criticism is a luxury the anti-social cannot afford. They must be RIGHT because they are in continual danger in their own estimation. If you proved one WRONG, you might even send him or her into a severe illness.

Only the sane, well-balanced person tries to correct his conduct.

RELIEF

If you were to weed out of your past by proper search and discovery those anti-social persons you have known and if you then disconnected, you might experience great relief.

Similarly, if society were to recognize this personality type as a sick being, as they now isolate people with smallpox, both social and economic recoveries could occur.

Things are not likely to get much better so long as 20 per cent of the population is permitted to dominate and injure the lives and enterprise of the remaining 80 per cent.

As a majority rule is the political manner of the day, so should majority sanity express itself in our daily lives without the interference and destruction of the socially unwell.

The pity of it is, they will not permit themselves to be helped and would not respond to treatment if help were attempted.

An understanding and ability to recognize such personalities could bring a major change in society and our lives. △

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FREEDOM
NEWS JOURNAL

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From Psychiatric Mummies to Slaughterhouse Pigs

The Ritualistic Roots of Electric Shock 'Therapy'

WASHINGTON, D.C. — While the American Psychiatric Association (APA) continues its efforts to destigmatize electric shock therapy (ECT) by attempting to relax federal controls on the shock device itself, human rights advocates predict that the discovery that the roots of ECT are grounded in ritualistic live human mummification experiments *will* cause the Food and Drug Administration (FDA) to ban use of the device altogether.

According to Janet Laveau, chairman of the Church of Scientology's Citizens Commission on Human Rights (CCHR) in Vancouver, B.C., "The discovery of early ECT research has now been traced back to 1915 to the same hospital where psychiatric victims were being ritualistically embalmed.

"With the discovery of the psychiatric mummies we may finally have the definitive evidence," Laveau noted,

Another of Paravicini's victims, Gorla Guiseppe, died in 1917. All that remains of Gorla is his head, preserved for "future scientific study."

"that shows the fraudulent origins of electric shock 'research' that have led to today's so-called 'cure' for 'mental illness.'"

The mummies were prepared by Dr. Guiseppe Paravicini from 1906 to 1917 while he was Deputy Director of Mombello, a psychiatric asylum in Milano, Italy. The dominant psychiatric theories about 'mental illness' of that time were those of Dr. Cesare Lombroso and Sigmund Freud. Lombroso asserted that there was a direct relationship between a person's physical features and his mental illness.

Freud, a contemporary of Lombroso, subscribed to a nearly identical "mental disease" theory — "nasal reflex neurosis" — a belief that various body parts had corresponding spots in the nasal cavity which needed to be treated in order to handle the disease. As a result, Freud, the "father of psychotherapy," developed and justified his intense and prolonged addiction to cocaine to "cure" his nasal reflex neurosis.

According to Laveau, "Psychiatrists manufacture 'diseases,' for which they are naturally the only ones who can create the 'cures,' while cloaking the sham in medical terms. That was why ECT was developed: so that psychiatrists can fry people's brains to 'treat depression.'"

Dr. Thomas Szasz, one of the founders of CCHR and an outspoken critic of psychiatry, in his most recent book *The Therapeutic State* wrote: "The psychiatrist as a physician who diagnoses nonexistent diseases and tortures the patients so created is not a fresh historical figure created by the Soviet psychiatric system. He is what psychiatry is all about."

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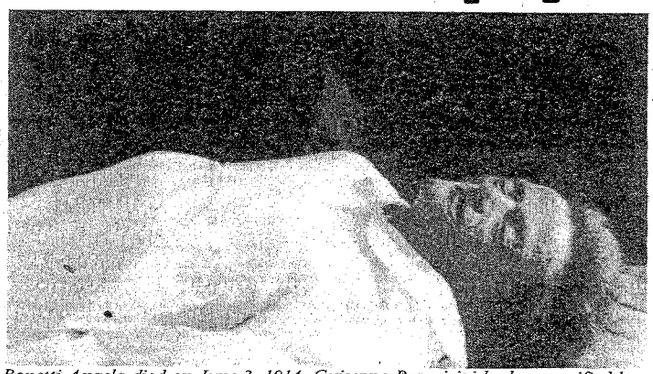

Bonetti Angela died on June 3, 1914. Guiseppe Paravicini had mummified her entire body which was found in a glass box at the psychiatric asylum of Mombello in Milano, Italy.

A Well-Earned Stigma:

Psychiatry's Destruction Of Right and Wrong

WASHINGTON, D.C. — This year's American Psychiatric Association's (APA) annual convention (May 10-16) featured a special address by Jack Hinckley, father of John Warnock Hinckley Jr. Following the younger Hinckley's June 22, 1982 acquittal which found him "not guilty by reason of insanity" for the assassination attempt on President Reagan, a national furor erupted over the subject of psychiatric testimony in the courtroom.

At the convention, which took place just a few miles away from St. Elizabeth's Hospital where his son has been confined since shortly after his attempt on Reagan's life on March 30, 1981, the senior Hinckley participated in the symposium on Destigmatizing Psychiatric Treatment" by discussing "Stigma: Its Effects on the Family."

According to Fred Ulan, international spokesman for the Citizens Commission on Human Rights (CCHR), an organization sponsored by the Church of Scientology that has been investigating and exposing psychiatric abuses and crimes for 17 years, "Psychiatrists have set themselves an impossible task of trying to destigmatize psychiatric treatment. Everything they do — from the meaningless labels they assign to all manner of human behavior, to their savage and destructive treatments which do more harm than good, to their courtroom testimony which seeks to deny that a criminal has any responsibility for his acts — there is plenty there that deserves to have a stigma attached to it.

"In fact," Ulan charged, "there's no way that psychiatry can ever divorce itself from the stigma it has earned, as long as it continues to work toward the goal laid out for psychiatry back in 1945 by former World Federation of Mental Health president G. Brock Chisholm."

Ulan cited a lecture given by Chisholm in 1945 to a select group of psychiatrists, in which he asserted: "The re-interpretation and eventual eradication of the concept of right and wrong. . . . [That is] the belated [objective] of practically all effective psychotherapy. . . . Psychiatry must now decide what is to be the immediate future of the human race; no one else can. And this is the prime responsibility of psychiatry."

"It's because of basic psychiatric concepts like this," Ulan continued, "that Hinckley was let off the hook. No one has disputed that Hinckley fired on Reagan — televison coverage of the incident documented the crime. What the psychiatrists did dispute was Hinckley's accountability for his crime. If one operates on the basis that there is no right and wrong, as psychiatrists do, it is simply a matter of masking criminal acts like Hinckley's with clever psychiatric double-speak," Ulan declared.

Since Hinckley's acquittal, he has remained confined at St. Elizabeth's Hospital, and no information has been provided to the public about what his psychiatrists are doing to him.

According to St. Elizabeth's Division Director of Forensic Programs Mr. Henneberry: "I get 22 calls a week" asking about John Hinckley. When FREEDOM News Journal attempted to find out if Hinckley was currently receiving psychiatric treatment, Henneberry stressed that according to the Privacy Act, he cannot divulge any information about Hinckley. In fact, Henneberry stated that he cannot even

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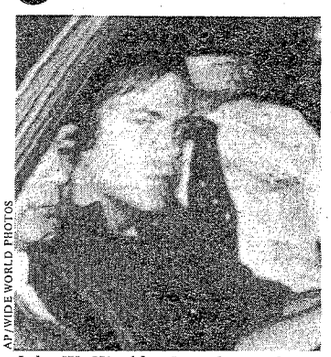


AP/WIDE WORLD PHOTOS

John W. Hinckley Jr. as he was being taken away by Secret Service agents, after shooting President Reagan. Hinckley would still have been feeling the effects of the 20 milligrams (four times the average dose) of Valium he had taken just hours before wounding the President. He was first given Valium by psychiatrists when he was a college student in the late 1970s. Valium is the most often prescribed psychiatric drug in the U.S.

The Ritualistic Roots of ECT

(continued from page 1)

The Milano Mummies

The 12 mummified bodies were found in Mombello where the father of ECT, Ugo Cerletti, actually started his ECT research. Such evidence now controverts the general belief that Cerletti didn't begin his research into ECT until 1938.

The existence of the extremely well-preserved bodies of mental patients who were mummified, apparently while they were still alive, was discovered by CCHR in Italy a few years ago.

"A handful of Italian press reported our initial discovery of the mummies," Laveau explained, "but the mummies' connection to the development of ECT was never fully grasped, nor was the shocking brutalization of mental patients in the Italian asylum publicized internationally.

"This butchery," Laveau stressed, "pre-dates the horrors of the psychiatric death camps of Nazi Germany in the 1930s and 1940s. Likewise, the psychiatrists of that time experimented upon living persons and destroyed life in the name of scientific research."

The grisly discovery included: 12 bodies without arms, several sawed-open heads, the head of a bearded woman in a large jar containing formalin next to an aborted fetus, about 50 brains, kidneys, lungs, legs, arms, ears, the entire bodies of two women and a penis that had been expertly mummified between 1910 and 1917 in the Mombello Provincial Mental Health Center.

While Paravicini's embalming secrets went with him to the grave, there is strong reason to believe that the success of his mummification process was in starting it while the patient was still alive:

- The unidentified mummifying fluid — believed to have been formalin — was injected through the femoral (thigh) arteries. Only in a live body, in which the heart is still pumping blood, could the substance have been circulated sufficiently throughout the body to effect the distribution of the embalming fluid. All of Paravicini's mummies displayed excellent preservation of the flesh which reached deep into the subcutaneous layers of skin.
- The painful expressions on some of the mummified faces also suggest that Paravicini injected the patients while they were still alive.
- In 1921, Paravicini was commissioned to mummify the Archbishop of Milano, Cardinal Ferrari. The process, however, did not work on the Cardinal who was already dead by the time Paravicini was allowed to begin his work.

Cerletti's ECT Experiments at Mombello

In 1915, Paravicini was joined at Mombello by Ugo Cerletti, two years before Paravicini left the asylum to continue his work elsewhere. It was at Mombello that Cerletti began his experiments on epileptics, in addition to testing electric shock on dogs. One of the mummified bodies was that of an epileptic woman who "died of pneumonia" at the asylum in 1917. Presumably, it was Cerletti who experimented upon the woman before Paravicini embalmed her.

The asylum's rules required Paravicini, Cerletti and the other psychiatrists "to make an autopsy of each corpse taking care to preserve the important pathological pieces" for scientific study.

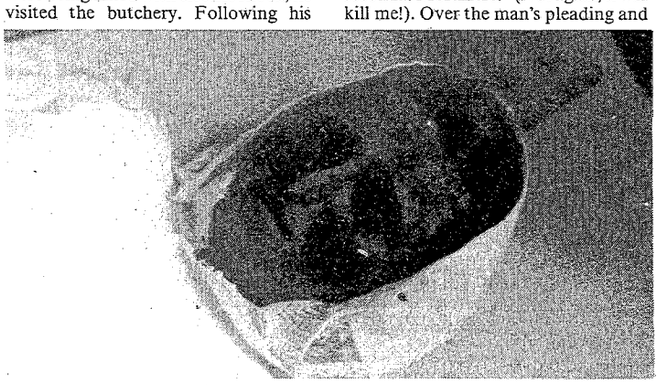
By 1938, Cerletti was in Rome where he admitted conducting the first human experiment with ECT after a visit to a slaughterhouse. Reportedly Cerletti, who had previously only experimented on dogs, heard that pigs were being killed with electric shock at a nearby slaughterhouse. Doubting that the pigs were being killed with electric shock, he visited the butchery. Following his visit, Cerletti related the incident in his research notes:

"Vanni [a contemporary of Cerletti] informed me that at the slaughterhouse in Rome hogs were killed by electric current. Such information seemed to confirm my doubts regarding the danger of electric applications to man. I went to the slaughterhouse to observe this so-called electric slaughtering and I saw that the hogs were clamped at the temples with big metallic tongs which were hooked up to an electric current (125 volts). As soon as the hogs were clamped by the tongs, they fell unconscious, stiffened, then after a few seconds they were shaken by convulsions in the same way as our experimental dogs. During this period of unconsciousness (epileptic coma), the butcher stabbed and bled the animals without difficulty. Therefore, it was not true that the animals were killed by the electric current: the latter was used, at the suggestion of the Society for the Prevention of Cruelty to Animals, so that the hogs might be killed painlessly."

Delighted with the fact that the hogs were not killed outright by the electricity, Cerletti then performed his first experiment on a human. The man — ironically he was from Milano — was sent to Cerletti by the police for "observation only." Without any authorization, Cerletti administered 80 volts to the man in what is believed to be the first ECT experiment on a human in history.

After the first shock ripped through the man's brain, he sat up and began singing. When Cerletti announced that a second "dose" of ECT should be applied, the man proclaimed "Non una seconda! Mortifiere!" (Not again, it will kill me!). Over the man's pleading and Cerletti's assistants' protests, Cerletti applied the electrodes, increased the voltage to 110 volts and seared the man's brain with a second shock.

Although the man's fate is not known, ECT had progressed from Cerletti's initial research at Mombello to his first human experiment in Rome. Since 1938, millions of humans have been subjected to electric shock.



(Photo top) Gobbo Evelina who reportedly died from pneumonia in 1917. She was an epileptic and presumably was experimented upon by Ugo Cerletti, the "father of electrick shock 'therapy'" before she was embalmed by Paravicini. (Photo right) An unidentified woman whose face and expression of pain were well-preserved by Paravicini's secret mummification process.

ECT: An "Experimental" But Lucrative Procedure

In light of a growing awareness of the dangers of ECT, the FDA, in 1979, finally placed the ECT machine in the highest risk category of devices, Class III, which means it is still considered "experimental."

A thorough investigation was to have been done by the FDA to determine the safety of the ECT device. This investigation has never been conducted; the FDA did, however, eventually identify eight "risks to health" from ECT, including memory loss and brain damage, based on initial data gathered.

Despite the destructive nature of ECT, the APA has steadfastly lobbied since 1979 to declassify the device for administering ECT so that it can be used by any psychiatrist right in his own office. Using ECT outside of a hospital setting would yield a far greater profit to the psychiatrist as he would avoid the overhead of institutional and assistant-related costs.

Since the mid-1970s, there has been a struggle by a number of psychiatrists who have pushed to destigmatize the use of ECT after exposure of its irreversible brain-damaging effects created public alarm. In addition, a number of civil, legal and human rights groups have continued to urge the banning of the use of ECT, which, in 1983 resulted in a partial victory in Berkeley, California.

The city overwhelmingly enacted an ordinance that struck down the use of ECT. The "Berkeley Ban" was nonetheless reversed a few months later, following a well-monied attack by a coalition of psychiatrists with the backing of the American Medical Association. But the legal battle over ECT, which has been waged through the appeals process in California, is expected to go before the California State Supreme Court shortly.

Today's ECT Continues to Destroy

Despite the brutal and destructive nature of ECT, this technique remains a "cure" promoted and used by psychiatrists today. ECT involves the administering of electric shocks ranging from 110 to 400 volts of electricity to the brains of psychiatric patients. An estimated 100,000 plus U.S. citizens are given ECT annually.

Independently conducted studies show the results of ECT on patients to be:

1. Abnormal brain shrinkage;
2. Structural changes in the brain similar to the progressive mental deterioration of epileptics;
3. Impairment of recall and permanent memory loss;
4. Impairment of learning ability; and
5. Death.

According to Laveau, "Psychiatrists who administer ECT are frauds. ECT has never cured anybody. Just like those starting with Cerletti, Paravicini and Freud who thought mental illness was related to physical features, the modern-day psychiatrist falsely believes that mental illness is a 'disease' which can be 'cured' by physical means. Their methods are no less grotesque than those of Paravicini, Cerletti and the psychiatrists of Nazi Germany."

"When a psychiatrist doesn't kill someone with the use of ECT," Laveau charged, "he at best destroys the person's memory. Perhaps this newly discovered history of the origins of ECT will open some eyes to the mayhem that psychiatrists have perpetrated upon more than a million people since 1938." ▲

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News Roundup

Psychiatric Death Camps: The 'Wet and Dirties' Of South Africa

BOSTON — Three U.S. cities have recently announced the passing of resolutions calling for a congressional investigation into the ultra-secret South African psychiatric death camps. Inhumane conditions and treatment and abnormally high death rates at these camps were first exposed by the Church of Scientology's *PEACE and FREEDOM News Journal* in 1976.

Recently, evidence was uncovered by the Church's Citizens Commission on Human Rights (CCHR), showing that the camps are still in operation.

Because of U.S. financial support of the psychiatric death camps, the Boston City Council passed a resolution in March of this year, submitted by CCHR, which calls for a full congressional investigation into the matter. Similar resolutions were passed by the cities of Lynwood and Compton, California, in May.

According to Peter Dockx, Director

Thousands of Blacks — "Wet and Dirties" as they are called in South Africa — are still being warehoused and dying in psychiatric death camps, 10 years after the existence of the camps was first exposed by the Church of Scientology's PEACE and FREEDOM News Journal.

of the Boston, Massachusetts chapter of CCHR, "I am utterly appalled that these psychiatric death camps are not closed down yet. Ten years ago, we discovered these camps and the fact that thousands of Black 'mental patients' — called 'Wet and Dirties' — were being electro-shocked and given powerful psychotropic drugs to keep them in tow so that they could be rented out as cheap labor."

Photos recently obtained by CCHR show that the camps still exist. "Thousands of South African Blacks are still being abused," Dockx said, "many of whom are literally worked to death. Meanwhile, the camps' owners continue to receive substantial investments from a host of international backers, including a number of U.S. companies."

Following the Church's 1976 exposé and an ensuing international outrage on the part of human rights groups and the media, in 1978 the APA sent a four-man team of psychiatrists to inspect the camps. A year later, the APA delegation issued a report confirming the Church's findings.

Despite the immediate attention that was focused on the camps, and the APA's affirmation of the high death rate of Blacks in the psychiatric facilities, South African mental health authorities have failed to fulfill promises to end the death camps.

"The psychiatric theory that Blacks have smaller brains is the predominant 'mental health' concept in South Africa," Dockx noted.

Dockx further noted that racial purification theories were also promulgated in the 1930s in South Africa, patterned after German psychiatric racial hygiene theories of the time: "In Germany, the psychiatrists who ran those death mills exterminated 6 million 'non-Aryans' in order to eliminate the 'inferior races.'

"Today's racial theories of apartheid South Africa sprung from the eugenicists and the sterilization propaganda of German psychiatrists in the 1930s," Dockx said.

In 1930, H.B. Fantham, professor of zoology at Witwatersrand in South Africa wrote: "... there must be limitations of multiplication of those definitely inferior or below average in inborn good qualities. In South Africa there must be limitations of the 'poor white' element." Four years later, Dr. P.W. Laidler, Medical Officer for Health of East London, in an article for the *S.A. Tydskrif Vir Geneeskundiges*, urged that sterilization laws be implemented in South Africa along "the lines of Germany . . . a lessening of the increase of the unfit would lighten the tax payer's burden."

In concluding, Dockx said, "The deaths of South African Blacks in the psychiatric death camps is an international crisis. These camps must be closed down. The psychiatrists' biological and racial theories cannot be allowed to destroy one more life."

'Mind Control' Shrink Rumored to Attend Vancouver Conference

LOS ANGELES — Although the name of psychiatrist Louis Jolyon "Jolly" West did not appear on the program agenda for the International Conference on Mental Health and Technology, it is nonetheless rumored that West will attend the June 8-13 flocking of psychiatrists in Vancouver, British Columbia.

Fred Ulan, international spokesman for the Church of Scientology's Citizens Commission on Human Rights, speculated that revelations of West's LSD experiments for the CIA may have become too much of an embarrassment for the American Psychiatric Association to allow West to speak.

Early in his career, West conducted experiments with LSD in connection with the CIA's mind control programs. In the 1950s and 1960s, the intelligence agency was carrying out experiments aimed at developing techniques to dominate individuals, groups and whole populations, often using ethnic and racial minorities as human guinea pigs.

One of West's rare non-human LSD experiments involved an elephant. In 1962, West killed "Tusko" with a massive dose of LSD at the Oklahoma City Zoo. While Tusko had been a favorite attraction of children for several years, West has denied any wrongdoing in the "accidental" death of the pachyderm, claiming that the zoo-keeper had brought the elephant to him for treatment.

In 1969, West took over the helm of UCLA's controversial Neuropsychiatric Institute (NPI) and proposed the creation of the "Center for the Study and Reduction of Violence" in 1972. When West announced his plans to implant electrodes in the brains of test subjects to study the control of violence, massive community protests ensued, forcing officials to abandon West's controversial violence center.

West then attempted to divert attention away from the violence center in 1973 with a proposal to establish a center for human experimentation at a former Nike missile base in the Santa Monica mountains. In a letter to a then

PHOTO BY BEN TONG

Psychiatrist Louis Jolyon "Jolly" West who conducted LSD experiments for the CIA is the only man known to have killed an elephant with LSD.

California state official, West wrote: "It [the former Nike missile base] is accessible, but relatively remote. The site is securely fenced. Comparative studies could be carried out there, in an isolated but convenient location, of experimental model programs, *for alteration of undesirable behavior.*" (emphasis added)

In 1975, West's NPI caused further difficulties for UCLA officials when they were forced to admit that children had been subjected to the brutality of electric cattle prods and had received LSD in a number of NPI experiments. West associates, psychiatrists Ivar Lovass and George Rekers, for example, used "aversion therapy" — including electric shock — on young boys (ages 3-12) suspected of having transsexual and homosexual tendencies.

According to Ulan, "West's attendance at the Vancouver conference would be quite in keeping with what psychiatry is all about — the brutal destruction of a person's mind and body to control and suppress the individual in the name of 'treatment.'"

Sex Therapy and the Destruction of Women

VANCOUVER, B.C. — Sex will be a major topic of interest in at least three papers being presented at the 1986 International Conference on Mental Health and Technology being held at the University of British Columbia in Vancouver, B.C.

According to Hilarie Rockl, spokesperson for the Vancouver chapter of the Church of Scientology's Citizens Commission on Human Rights, psychiatry's interest in sex is more than an infatuation. "It is the intentional victimization of the patient, the vast majority of whom are women.

"Sexual, emotional and physical abuse of women by psychiatrists is not only malpractice on a grand scale," Rockl added, "it is the implementation of former World Federation of Mental Health president Brock Chisholm's goal for psychiatry: 'the re-interpretation and eventual eradication of the concept of right and wrong. . . .'

"With that 'goal,' psychiatrists think they are free to take all manner of liberties with their patients," Rockl charged.

"Diseased" Women

"The essence of psychiatry," Rockl said, "is the manufacturing of the 'disease,' for which, naturally, psychiatrists are then the only ones who can create the 'cure', while cloaking its sham in medical terms."

A recent example of psychiatry's penchant for labeling and pigeon-holing various forms of human behavior occurred in 1985 when the APA announced its intention to categorize pre-menstrual syndrome (PMS) as a "mental disease."

As 25 percent of all women are said to experience physical and emotional disturbances during the week prior to the onset of menstruation, this new entry in the bible of psychiatric diagnoses, *The Diagnostic Manual of Mental Disorders (DSM-III)*, immediately labels a quarter of all women as "mentally ill."

In addition, this label provides a greater potential for an increase in the number of women patients who can now be subjected to damaging drug treatments, psychosurgery, and electric shock to "cure" the "disorder."

Such victimization was aptly characterized by Ollie Mae Bozarth, former coordinator of the National Organization of Women (NOW) Task Force on Feminists Investigations in Mental Health: "These so-called treatments are the offshoots of the sadistic religion of psychiatry. Calling unusual, perhaps troublesome behavior an 'illness' allows any woman to be punished with psychiatric imprisonment, psychosurgery, drugs, branding — loss of credibility."

Ms. Bozarth continued, "There is now a convenient 'disease' to cover any behavior. Under this guise, hundreds of thousands of women every year are locked up and kept locked up without due process of law and with their rights trampled underfoot."

Another controversial "mental illness" classification now being proposed by the APA is "self-defeating personality disorder" — used to describe someone who remains in an abusive or coercive relationship.

Fear that the "self-defeating personality" label will be used against women in legal battles was expressed by Sally Burns, Adjunct Professor of Law at Georgetown University Law Center. "When you set up that category, you're blaming the victim. If the defense in a spouse abuse case chose to put a psychiatrist on the stand using that diagnosis, it would encourage the jury to see that, 'she asked for it.'"

A major promoter of this new "mental disease" is its chief researcher, Frederick Kass, Director of Adult Psychiatric Services at Columbia Presbyterian Medical Center in New York City. Kass admitted, "There is a potential for abusing this diagnosis, but no more than any other diagnosis."

Yet, it is this very lack of credibility regarding psychiatric "diagnoses" and "treatments" that has given rise to so much concern.

"Psychiatrists, who not only misdirect individuals away from effective solutions — vitamins and exercise for PMS, for example — but also line their pockets while frying women's brains with ECT, are nothing more than criminals," Rockl said.

Rape and Sexual Abuse As "Psychotherapy"

In the last few years, controversies and scandals concerning psychiatrists and psychologists who have sex with patients, in some cases against the patient's will, have outraged a number of human rights and civil rights groups, particularly women's rights advocates and organizations.

According to a February 1986 article in *Omni* magazine, "A disproportionately large share of the physicians kicked out of the government's Medicare and Medicaid programs for acts of fraud and abuse have been psychiatrists. . . ."

One of the major areas of abuse, the

(continued on page 4)

PSYCHIATRY'S DESTRUCTION OF RIGHT AND WRONG

(continued from page 1)

confirm whether or not Hinckley is under observation.

Following the attempt on Reagan's life, Hinckley was held under "psychiatric observation" for nearly 12 months before he was pronounced fit to stand trial. After an exhaustive eight-week trial, including contradictory testimony from more than a dozen psychiatrists about Hinckley's ability to differentiate between right and wrong, a confused and frustrated jury finally acquitted Hinckley, finding him "not guilty by reason of insanity."

An explosion of public outrage following the verdict was exacerbated when taxpayers learned that the government shelled out more than $300,000 for its team of three private psychiatrists whose testimony failed to counter the testimony of defense psychiatrists. Moreover, the government's bill did not include the cost to taxpayers for Hinckley's lengthy stay at St. Elizabeth's, where he is still housed.

While a number of observers following Hinckley's acquittal charged that the psychiatric "experts" were nothing more than "hired guns" dueling for prosecution and defense dollars in the Hinckley trial, further controversy developed when it was revealed that Hinckley had been under psychiatric care prior to his assassination attempt.

According to Ulan, the Hinckley trial was "a fiasco and a complete waste of tax dollars. The crush of psychiatric testimony was as much a whitewash of Hinckley's culpability as it was a diversionary tactic to prevent public attention from zeroing in on the failures of Hinckley's prior psychiatric treatments.

"These psychiatrists," Ulan added, "had kept the would-be assassin on Valium while he was under their care, starting in the late 1970s when Hinckley was a college student in Texas." It was later disclosed that Hinckley had ingested 20 milligrams of Valium (nearly four times the normal dosage) just hours before he fired his shots at the president.

The controversy surrounding psychiatry's responsibility in the Hinckley affair escalated in 1983 when a negligence suit filed against Hinckley's psychiatrist, John Hopper, by White House Press Secretary James Brady and two others who were wounded in the attempt on the president, was dismissed.

Since the Hinckley acquittal, not only has public and official sentiment swung toward the elimination of the insanity defense, but an increasing awareness has developed concerning psychiatry's role in predisposing psychiatric patients to commit acts of violence.

The correlation between psychiatric treatment and resultant violent behavior was substantiated in one recent study of nearly 400 reported cases of murder, suicide, arson, rape and kidnapping.

The study revealed that each of the violent offenders had "either been recently under the care of a psychiatrist, or had, not long before, been released from a psychiatric facility." It was noted that in some cases, including those of mass murderer Juan Corona (executioner of 25 migrant workers in Northern California) and Herbert Mullin (slayer of 10 people in 1973), "there was no violent criminal behavior prior to institutionalization."

Clinical proof of increased violence caused by the administration of psychiatric drugs was released in the November 1975 issue of *Canadian Family Physician.*

A study of prison inmates performed by D.G. Workman, M.D., and D.G. Cunningham found that "violent, aggressive incidents occurred significantly more frequently in inmates who were on psychotropic medication than when those inmates were not on psychotropic drugs." The most destructive of these psychiatric drugs was found to be the "anti-anxiety agents," such as diazepam — commonly known as Valium — which was the drug used on more than 81 percent of the prison inmates in the experimental program. These "anti-anxiety agents" were found to increase destructive behavior by up to 500 percent.

AP/WIDE WORLD PHOTOS

After Hinckley wounded President Reagan and two others, he was immediately subdued by Secret Service agents. In the foreground is a wounded Secret Service agent. Hinckley was found "not guilty by reason of insanity" nearly 15 months later as the result of conflicting and contradictory testimony from more than a dozen psychiatrists who testified at his trial, at a cost of more than $300,000 to American taxpayers.

As the authors concluded, "Considering that certainly not all aggressive personalities are in prison, that frustrations also abound in society and that diazepam is the most commonly prescribed [psychiatric] drug in the United States, with chlordiazepoxide [Librium] third, the implications of the combinations of anti-anxiety agents and aggressiveness are astounding."

Condemning psychiatric testimony in the courtroom, Ulan stated, "Psychiatrists have no expert status whatsoever when it comes to diagnosing and treating violent tendencies in anyone, and they should be forbidden from giving so-called 'expert testimony' in court cases.

"The record shows that psychiatrists are frauds," Ulan added, "when they claim to understand what causes violence in a person and when they attempt to treat it. In fact, psychiatric treatment is itself a major cause of violence. The treatments themselves — 'nerve splitting drugs,' electric shock, and psychosurgery — are insidious forms of violence conducted by psychiatrists upon their patients."

According to Ulan, "While the full extent of Hinckley's psychiatric treatment prior to his attempt on Reagan's life has yet to be revealed, it is clear that psychiatrists have been the common denominator throughout his life: psychiatrists put him on Valium during his college days, he was under psychiatric observation prior to his trial, psychiatric testimony resulted in him being relinquished of his responsibility for his criminal act, and now Hinckley remains under psychiatric guard at St. Elizabeth's.

"While Jack Hinckley addressed the APA convention concerning the 'stigma' of psychiatry, who knows how many future Hinckleys were being created by psychiatrists. Those who do know the difference between right and wrong must demand that psychiatrists stop hiding their own crimes behind this cloak of amorality. It is time," Ulan charged, "for the psychiatrists responsible for creating the Hinckleys of this world to be brought to justice." ▲

News Roundup

(continued from page 3)

article noted, is that psychiatrists were "Having sexual liaisons with patients, then charging the government's programs for that time."

In addition to the financial fraud, psychiatrists and psychologists have caused significant emotional and physical damage to a number of patients.

Linda D'Addario, a family counselor in La Jolla, California interviewed women who had been sexually involved with their therapists. She found that these women had suffered "nervous breakdowns, mental hospitalizations, shock treatments, immense dosages of Thorazine and Stellazine, and depressions that lasted years for some women, months to weeks for others."

For example, a Los Angeles woman filed suit against her psychiatrist in 1984 for reportedly raping her and giving her electric shock therapy (ECT). According to the suit, the married woman had been coerced into subjecting herself to sexual therapy. When she decided to end the "therapy" due to feelings of guilt, she was allegedly subjected to ECT.

In a similar case, Judy Rotenberry sought help at the Pensacola (Florida) Medical Center. Psychiatrist William M.C. Wilhoit administered gas to her and then had sex with her against her will. Wilhoit's necrophilic-like "treatment" of Rotenberry earned him criminal charges and a civil lawsuit that was joined by three other women.

Wilhoit administered a gaseous substance to Jean Falk, 60, who awakened to find the psychiatrist having sex with her. Wilhoit also reportedly administered gas to two other women, one of whom described her trauma, saying, "Now I have a phobia of men who wear black-rimmed glasses [as does Wilhoit]."

Seemingly incontrovertible evidence to sustain criminal charges was gathered against the psychiatrist. He was acquitted at trial, however, after another psychiatrist, who treated Wilhoit's victim, Ms. Rotenberry, declared her and one of the other plaintiffs to be "extremely ill people" who had the psychiatrist "prominent in their fantasies."

Although the four women did not succeed in getting a criminal conviction of Wihoit, Rotenberry did eventually win a civil suit against him and the Pensacola clinic for $474,000. Additionally, Wilhoit was found guilty of lying 14 times while under oath before a grand jury that was investigating charges concerning his sexual relationships with women patients.

Studies on the pervasiveness of erotic contact and sexual intercourse by male psychiatrists and psychologists with female patients have shown this practice to be as prevalent as 51 percent. Due to the social taboos surrounding such activities, it is difficult to assess the reliability of such statistics; however, the fact that insurance carriers have stopped covering psychiatric malpractice involving sexual relationships with patients indicates such abuses are quite widespread.

In a highly sensational case involving a sex-therapy cult clinic in Southern California, the *Los Angeles Times*, in an April 21, 1986 story, reported that, ". . . the state is seeking to revoke the licenses of 13 psychologists and other mental health practitioners after investigating complaints of fraud, sexual misconduct and abuse from more than 100 former patients at the now-defunct Center for Feeling Therapy in Hollywood."

In an earlier separate hearing, center psychiatrist Lee S. Woldenberg's license to practice medicine was revoked.

According to the *Times* article, testimony from several of the former patients included charges ranging from infliction of emotional distress to physical abuse. For example:

"• When one woman became pregnant, she testified, she was persuaded by [center founders] Corrier and Cart to have an abortion for her therapy to be successful, although she very much wanted a child and had been trying for several years to conceive.

"• Another woman testified that [Stephen] Gold [a center therapist] 'assigned' her to have sex weekly, despite her objections, and that Corrier helped her complete her assignment by becoming her partner.

"• An overweight woman was told by Hart she was a 'cow' and ordered to take off her blouse and crawl around on the floor, several witnesses testified. She complied, sobbing.

"•. Patients said they were ridiculed for their religious beliefs or race. A Catholic woman testified that she was forced to make a mock confession, with Corrier as priest, in which she held a crucifix, saying 'I refuse to give in to what you taught me.' Jewish patients were taunted as 'kike'. . . ."

CCHR spokesperson Rockl characterized the abuses at the Center for Feeling Therapy as "proof of the implementation of Chisholm's goal for psychiatry — 'the eradication of the concept of right and wrong.'

"Psychiatrists, psychologists and other so-called 'mental health experts' are frauds. They dream up all manner of 'diseases' and 'mental disorders' so that they can do anything they want from frying a woman's brain with electricity, to raping her, all in the name of 'treatment.' Psychiatry cures nothing. Women and men alike should have nothing to do with it. It is wholly destructive of basic human dignity and the spiritual quality of humankind," Rockl concluded. ▲

THE INDEPENDENT JOURNAL PUBLISHED BY THE CHURCH OF SCIENTOLOGY

SPECIAL EDITION

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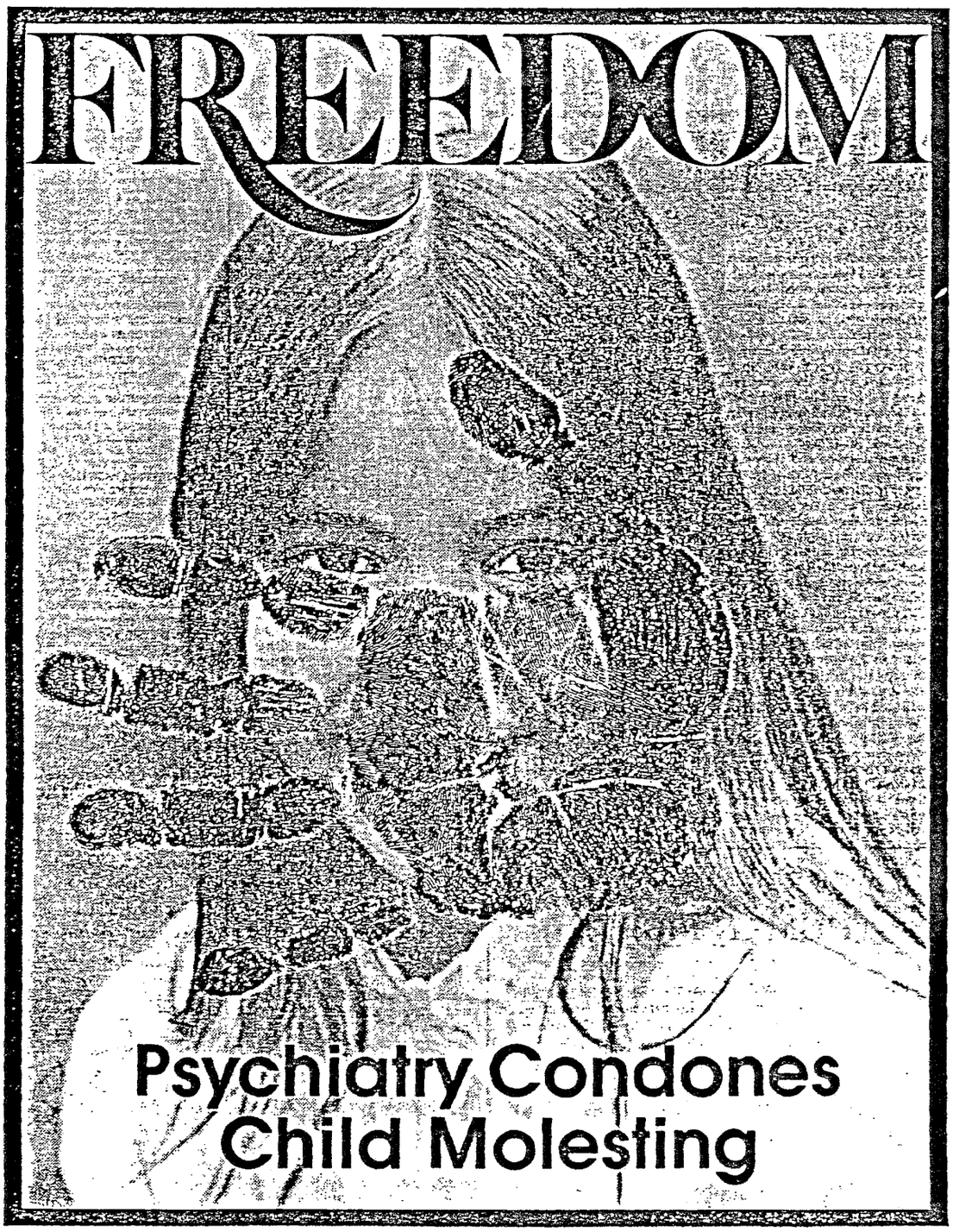

Psychiatry Condones Child Molesting

FREEDOM. LIBERTY—FRANKNESS—OUTSPOKENNESS. THE RIGHT OF THE INDIVIDUAL OR THE GROUP TO BE, TO DO, TO HAVE. FREEDOM FROM/FREEDOM TO

PSYCHIATRY CONDONES CHILD MOLESTING

by C. Lee McCormick

Eight-year-old Tracy was seated on the witness stand. Her short legs, unable to touch the floor, were swinging nervously back and forth.

The district attorney asked her: "Did something unusual happen to you on that particular afternoon when you went to the defendant's house?"

The child gazed off into space for a short while before answering. "Yes," she said. "He said he had some pictures he wanted to show me. He took them from a box in his attic. They were in a book . . . . He made the book himself."

"What were the pictures of?"

The child lowered her head, her words were barely audible.

Tracy described nude pictures of the defendant with little children. She told of her fear when he threatened to kill her if she did not do as she was told. She related the horror of the assault:

"He took his pants off and told me to lie down on the bed . . . ."

PHOTO BY STEVE YOUNG

PSYCHIATRIC HISTORY

The man who used Tracy to satisfy his sexual appetite is a patient of a California psychiatrist. When the detectives arrived to arrest the defendant, he was not at home, but in therapy at his psychiatrist's office.

For a year prior to the incident with Tracy, he had been a frequent patient. The pictures Tracy saw showed that he had a history of perversions, including child molesting.

The defendant said that he had told his psychiatrist he sexually molested Tracy, but his psychiatrist had not said it was against the law or wrong.

California state law requires health professionals to report cases of suspected child abuse. The police, however, have no record of Tracy's molestation being reported by the psychiatrist.

CHILD MOLESTING "NATURAL"

Lloyd H. Martin, founder and president of the Foundation for America's Sexually Exploited Children, believes "a crime against a child has no equal."

Perhaps this "sentimentality" would be amusing to psychiatrist Phillip L. Kelly. Dr. Kelly came to the defense of a 58-year-old man guilty of molesting his pre-teen stepdaughter and getting her pregnant twice.

Dr. Kelly testified that it was "natural" for a 58-year-old man to have intercourse with an 11-year-old girl. In spite of Dr. Kelly's opinion that the defendant was likely to have sex again with a child, he stated that the defendant was not a danger.

GOVERNMENT PSYCHIATRIST SAYS CHILD MOLESTING NORMAL

A woman recently told this reporter of her experience with a psychiatrist shortly after World War II. Her husband had come back from the war and molested a nine-year-old girl.

The woman went to a Veterans Administration hospital in the Oakland, California area. She asked to talk with a psychiatrist about her husband's problem. The woman left the VA hospital in tears.

The staff psychiatrist had told her that her husband's behavior was a matter of sexual preference and that his sexual choice was "perfectly normal." She was not to worry about it because her husband did not have a problem. The problem was that *she* was not understanding.

The little girl's father also failed to be understanding. He threatened to kill the molester, who fled to Oregon in fear of his life.

CRIMINAL ETHICS

A former prisoner stated that felons "have a different culture . . . they believe in getting something for nothing." However, he said, when it comes to child molesting, prisoners "won't put up with that kind of stuff . . . . They don't believe in hurting little kids."

He went on to say that inmates hold their own court of ethics. The agreed-upon code: child molesters die.

Prisoners show no tolerance toward a child molester. He is ostracized and is constantly faced with the prospect of death from his fellow prisoners. For this reason, child molesters are often isolated and protected from the general prison population.

A detective from the Sexually Exploited Child Unit of the Los Angeles Police Department told FREEDOM that convicted molesters receiving psychiatric counselling in prison will, within a short time after their release, molest or attempt to molest other children. Molesters seeking private psychiatric counselling are just as likely to be repeat offenders as molesters not receiving counselling.

The detective points out that the Mentally Disordered Sex Offender program, where psychiatric treatment is given to sex offenders, has been discontinued. The state of California considers the program a failure. The offenders do not get better, and in fact often get worse.

PSYCHIATRISTS NO HELP TO VICTIM

Nancy Dorr-Holmes was a child victim of rape and heinous torture. In an attempt to erase the mental wounds of gross abuse, she went to 12 different psychiatrists seeking help. Ms. Dorr-Holmes said their treatment "almost totally destroyed my life."

One doctor at Butner State Hospital in North Carolina stood out in her memory for his total refusal to even listen to her traumatizing experience.

"I tried to explain what was wrong," she said. "I begged him to listen. He was too busy diagnosing and trying to fit me into his own patterns and realities to hear what I had to say."

None of the "healers" acknowledged the rape and torture. Their substitute for compassion was labels — Ms. Dorr-Holmes got her share: anxiety-neurosis with depressive reaction, borderline personality organization, manic-depressive and paranoid schizophrenic with delusions.

The "cure" for these labels centered around drugs. Ms. Dorr-Holmes related that the drugs "deaden your consciousness, give you terrible reactions, make you feel horrible. Those drugs are really evil."

Claiming she was not alone in her psychiatric abuse, Ms. Dorr-Holmes stated:

"At both Butner and Duke Hospitals, I saw many victims of child abuse crying out for help. The fact these people were sexually molested as children was given no importance. To my knowledge, not one of them was listened to or even believed by the staff psychiatrists."

One observer noted that it seems "mental health professionals" are more infatuated with name-calling and drug pushing than in helping.

Now an outspoken critic of psychiatrists, Ms. Dorr-Holmes is the founder of National Children's Day. She is dedicated to making this world worthy of its children. Her new strength comes from her "awareness and belief in God."

Ms. Dorr-Holmes believes that if she had remained in the temple of psychiatry, she would be "drugged-up, helpless, and non-functional." In her opinion, psychiatry, more than any other profession, lacks integrity.

The L.A.P.D. detective from the Sexually Exploited Child Unit may concur with Ms. Dorr-Holmes, for he stated, "Psychiatrists' statistics stink. I wouldn't send my child to a psychiatrist and wouldn't recommend it to another parent."

Tracy's mother suspects the reason some psychiatrists condone child molesting is because they are "committing the same sinister acts."

Meanwhile, Tracy's outraged father added, "Psychiatrists must like molesting children. They see nothing wrong with it. I would never let a psychiatrist take my child behind closed doors."▲

THE RAPIST AS PATIENT

by Thomas S. Szasz

The most striking thing about the past century of medical history is the paradox that as our diagnostic and therapeutic technology has taken giant steps forward, our common understanding and legal articulation of what constitutes disease and treatment have taken giant steps backward. That is why the optimist sees modern medicine as a glass half-full of achievements: he emphasizes, correctly, that we can now detect and treat diseases better than we ever could before in human history. It is also why the pessimist sees modern medicine as a glass half-empty of common sense: he emphasizes, correctly, that we are now more confused about demarcating the categories of illness and treatment than we were centuries ago.

Both the medical optimist and the medical pessimist are right, because each looks at a different aspect of medicine: the optimist at its technology, the pessimist at its philosophy. Having to choose between these is a Hobson's choice. For what good is diagnostic and therapeutic technology if we lack understanding of what needs, and constitutes, "fixing"? And what good is a clear and coherent understanding of disease if we lack the means to treat it?

The two fundamental aspects of medicine are thus at odds with each other. As a healing art, medicine ought to serve human ends by humane means. As a biomedical technology, medicine has presented physicians with a temptation they have not been able to resist — that of serving themselves by defining as desirable that which is merely dramatic or difficult. When the fake diagnoses of psychopathology and the fake treatments of psychotherapy are added to the picture, the result is an invasion of common sense by a plethora of new "medical" illnesses and interventions, as the following vignettes illustrate.

On January 14, 1978, a federal judge in Detroit ordered the Aetna Insurance Company to pay $12,000 to a convicted rapist. Why? Because the rapist, Paul D. Duffy, 36, was "confined for more than five years for medical treatment as a sexual psychopath." The facts are briefly as follows.

In December 1966, Duffy confessed to a charge of rape and was ordered confined at the Ionia State Hospital in Michigan by a Macomb County Circuit Court. Michigan then had a criminal sexual-psychopath law which empowered courts to commit "mentally ill sex offenders" to state institutions for treatment rather than to prison for punishment. (That act was repealed in 1968.) In 1972, Duffy was released, another proof of the miraculous healing powers of modern psychiatry. He returned to his job at a Chrysler assembly plant, only to be arrested again, on another rape charge, in 1974. A Wayne County Circuit Court then sentenced him to a term of 35 to 50 years at Jackson Prison. Duffy's suit against the Aetna Insurance Company, with which he had a health policy, was based on the claim that his first confinement was due to his "illness." Attorneys for the insurance company argued that it was due to his "crime." According to U.S. District Judge James P. Churchill, who decided the case, the issue was: "Was he [Duffy] disabled? . . . Forget that what he did was repulsive and sexual and that he's serving nearly a life sentence." Duffy, the judge said, was considered sick and "his illness required him to be confined. The law merely recognized that."

Rape is a form of violence — one person, the rapist, violating another person, the victim. Two things follow from this: first, that rape is a criminal act; second, that it is — must be, by definition — desired by the rapist. We deny these facts at great peril to our moral and political integrity.

Adultery is not a form of violence. Although the act betokens a violation of the moral contract between the adulterous person and his or her marital partner, the sexual act itself is consensual. Two things follow from this: first, that the act is not a crime (or, if it is, the statutes prohibiting it are dead-letter laws); second, that the act is — must be, by definition — desired by the adulterer. Hence, if adultery, too, were an illness, then adulterers (if "disabled" by their sexual activities) should, like rapists, be eligible for "medical disability" compensation. But who says adultery is an illness? Psychiatrists do!

On December 18, 1977, in a newspaper story headlined "Adultery linked to 'success depression'," Arthur J. Snider, *Chicago Daily News* science editor, reported on this fresh psychiatric discovery. The discoverer of adultery as a disease was identified as Dr. Morton L. Kurland, a Palm Springs, California psychiatrist, among whose clients are "a large number of middle-aged women who are upset over their husbands' sudden adulterous behavior." Don't get Dr. Kurland or Mr. Snider wrong: the women who are "upset" are not sick; their husbands who are "adulterous" are. How does Dr. Kurland know this? By asserting that the men in question have not *chosen* to be unfaithful to their wives, but have been *caused* to be unfaithful. "In almost all cases, the cause is depression," says Dr. Kurland. "But rather than look upon their problem as a depression, the men project it onto their sexual life and their marriages. The extramarital love affair is an attempt at self-cure." Dr. Kurland does not say whether the costs of such love affairs should be deductible medical expenses. More on that shortly.

Because many of the men seen by Dr. Kurland, and another psychiatrist Snider quotes, are very successful, the experts have decided that these men "had unfulfilled and frustrated needs for dependence as children," which "caused" their depression in middle age, which in turn "caused" their "promiscuity." Dr. Maurice J. Martin of the Mayo Clinic calls such "success depression" the "meal ticket syndrome" — illustrating, I suppose, the first rule of psychodynamics: "When in doubt, give it a name." Snider reports that in Dr. Martin's view, "Middle-aged promiscuity due to depression may severely tax the strength of the marriage. The wife must be understanding and tolerant of the symptoms. This requires recognition and treatment of the problem." Since the "disease" of "success depression" and its characteristic symptom "adultery" are extremely common, I assume that Drs. Kurland and Martin will be appropriately rewarded for their important medical discovery.

Although psychiatrists are among the leading contenders in the race to confuse the categories of disease and treatment, they are by no means the only serious competitors. Other physicians, lawyers, legislators, and judges are also doing their best.

In the January 1978 issue of the *Physician's Financial Letter*, one item was the answer to this question: "Is face lifting a deductible medical expense?" Here is the answer, almost in its entirety: "Does the fact that personal rather than medical considerations motivate a face lifting operation bar a medical expense deduction for its costs? The Internal Revenue Service rules it does not. A woman paid fees for plastic surgery that improved her personal appearance. . . . The operation was not recommended by a physician. The IRS says the deduction is allowed because the operation affected a structure of the human body, and the law specifically allows for fees paid for the purpose of affecting any structure or function of the body."

> "... the tragic loss ... is the 'death' of language and the undermining of the economic and legal fabric of the whole society."

As I wrote some time ago, if a man cuts off his own penis, he is schizophrenic; but if he can get a urologist to cut it off, he is a transsexual. Furthermore, as the next two examples illustrate, amputation of the healthy penis is not only a "treatment" for which the state must pay, but, if successful, it also produces a compensable "disability."

On April 21, 1978, the *San Francisco Chronicle* reported the California State Court of Appeals' decision that the state "must pay for sex change operations for two welfare recipients." Declared the court: "We do not believe, by the wildest stretch of the imagination, that such surgery can reasonably and logically be characterized as cosmetic" — an opinion that surely says more about the judges' lack of imagination than about transsexual therapy. Both cases involved persons who were born male. One of the "patients," identified as "G.B.," was described as "an adult male transsexual who had not been helped by psychotherapy and needs radical surgery for sex conversion."

The following case illustrates the outcome of a medically, psychiatrically, and surgically successful "treatment" for "transsexualism." In March 1971, Paul Monroe Grossman, a music teacher in the Bernards Township (N.J.) school system, underwent a sex-change operation. Five months later, with his name changed to Paula Miriam Grossman, he/she was fired from his/her job. On February 17, 1978, the Appellate Division of the New Jersey State Superior Court ruled that Grossman was entitled to a disability pension. The 3-0 decision held that "the transsexual, Paula M. Grossman, was obviously incapacitated within the eligibility definitions of the state pension laws, and therefore deserved the monthly pension from the statewide Teachers' Pension and Annuity Fund." The court did not dispute Grossman's claim that "she was mentally and physically fit to perform her duties." Instead, the court noted that "no school district will employ her because of her transsexual status." "I'm delighted that I won," Grossman told the *New York Times*. "It's a victory in the sense that if the state decides to disable anybody for any reason, then they're going to have to pay for it."

The Erewhonian and Orwellian dimensions of disease and disability are here nicely developed. Was Grossman sick before the transsexual operation? Is he/she sick now? If so, what is the origin of his/her illness — the transsexual "treatment" or the dismissal from employment?

Enough. Rape is now an illness. Adultery is now the symptom of an illness. Amputating a man's genitals and giving him hormones to help him impersonate a woman is now a treatment. Although medically successful, transsexual therapy may nevertheless lead to a "disability" that is now compensable.

At the same time, some of the interventions that were treatments a century ago are now crimes. In 1878, selling an alcoholic tincture of opium was the paradigm of free enterprise in chemotherapy, and ingesting it the paradigm of medical treatment. In 1978, selling heroin is a crime often punished more severely than first-degree murder; ingesting it is a disease considered more important and more serious than diphtheria, polio, or even syphilis.

Had we lived in 1878, each day would have brought us fresh examples of the tragedy of the impotence of medicine: children dying of diphtheria, adults of diabetes. Now, each day brings us fresh examples of the tragedy of the imbecility of medicine: rape and adultery classified as diseases, "genital reconstruction" and cosmetic surgery classified as treatments. Then, the tragic loss was the death of individuals; today, it is the "death" of language and the undermining of the economic and legal fabric of the whole society.

Thomas S. Szasz is Professor of Psychiatry at the State University of New York in Syracuse and author of such books as The Manufacture of Madness *and* The Myth of Mental Illness.

This selection is reprinted from The Therapeutic State *(Prometheus Books, 1984) by permission of the author. First published in* Inquiry, *June 26, 1978.* ▲

DEPARTMENT OF THE PROSECUTING ATTORNEY
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CHARLES F. MARSLAND, JR.
PROSECUTING ATTORNEY

July 16, 1984

Dennis Clark, Hawaii Regional Chairman
Citizens Commission on Human Rights
1700 Makiki Street, #107
Honolulu, Hawaii 96822

Dear Mr. Clarke:

On behalf of the entire Office of the Prosecuting Attorney, I would like to thank you for the workshop the Commission on Human Rights arranged in Honolulu earlier this month featuring Dr. Thomas Szasz critiquing the insanity defense.

To a person, everyone who attended the seminar felt the time was extremely well spent, and that the insight Dr. Szasz provided was immensely valuable not only in a general sense, but also relative to specific, on-going cases.

If Dr. Szasz is available again in the future, please let me know. Also, if you would like me to pass on to other agencies our appraisal of Dr. Szasz's remarks, please let me know as I am convinced his remarks concerning psychiatry in the courtroom would be of benefit to anyone in law enforcement.

Again, thank you very much for the excellent program.

Sincerely,

Charles F. Marsland Jr.

~~CHARLES F.~~ MARSLAND, JR.
Prosecuting Attorney

CFM:cr

THE DAILY TEXAN
Student Newspaper at The University of Texas at Austin
Austin, Texas, Thursday, January 10, 1980

Justice 'tried' at courthouse

Group wants to end psychiatric testimony

Austinites arriving at the Travis County Courthouse Wednesday must have been startled to find a case being tried on the steps of the building.

It was not another example of overcrowding of the courtrooms but a mock trial held by the Citizens Commission on Human Rights to protest the use of expert psychiatric testimony in court proceedings.

Tom Armstrong, spokesman for the group and acting defense attorney, Cody McFadyen, who represented a psychiatrist and David Potter, the acting judge, retried the case of Dan White, murderer of San Francisco Mayor George Moscone and supervisor Harvey Milk.

"Today we've portrayed the absurdity of the defense which led to White's light sentence," said Armstrong. "The four psychiatrists who testified for the defense of White claimed that 'gorging himself of junk food, Twinkies and Coca-Cola' was the aggravating factor of his actions."

THE COMMISSION is working toward the elimination of psychiatric testimony from the courtroom.

"Within the profession of psychiatry, it is admitted that mental states at the time of an offense or future dangerousness cannot be predicted," said Armstrong.

The Los Angeles branch of the human rights commission, after investigating 400 convictions of suicide, murder, rape, arson and kidnapping in the United States since 1970, said each instigator had either recently been under psychiatric care or shortly before had been released from a mental hospital, said Armstrong.

"Psychiatric treatments, ranging from confinement in degrading conditions to shock treatments and the use of drugs to suppress patients, are not going to lead to an improvement," he said. "But the American public has gotten to the point where they have accepted as proof positive the opinions of psychiatrists."

AN INTERNATIONAL organization funded through donations, the commission is concerned with violations of human rights in all forms, said Armstrong, but abuses in courtroom testimony by psychiatrists was the primary target of Wednesday's mock trial.

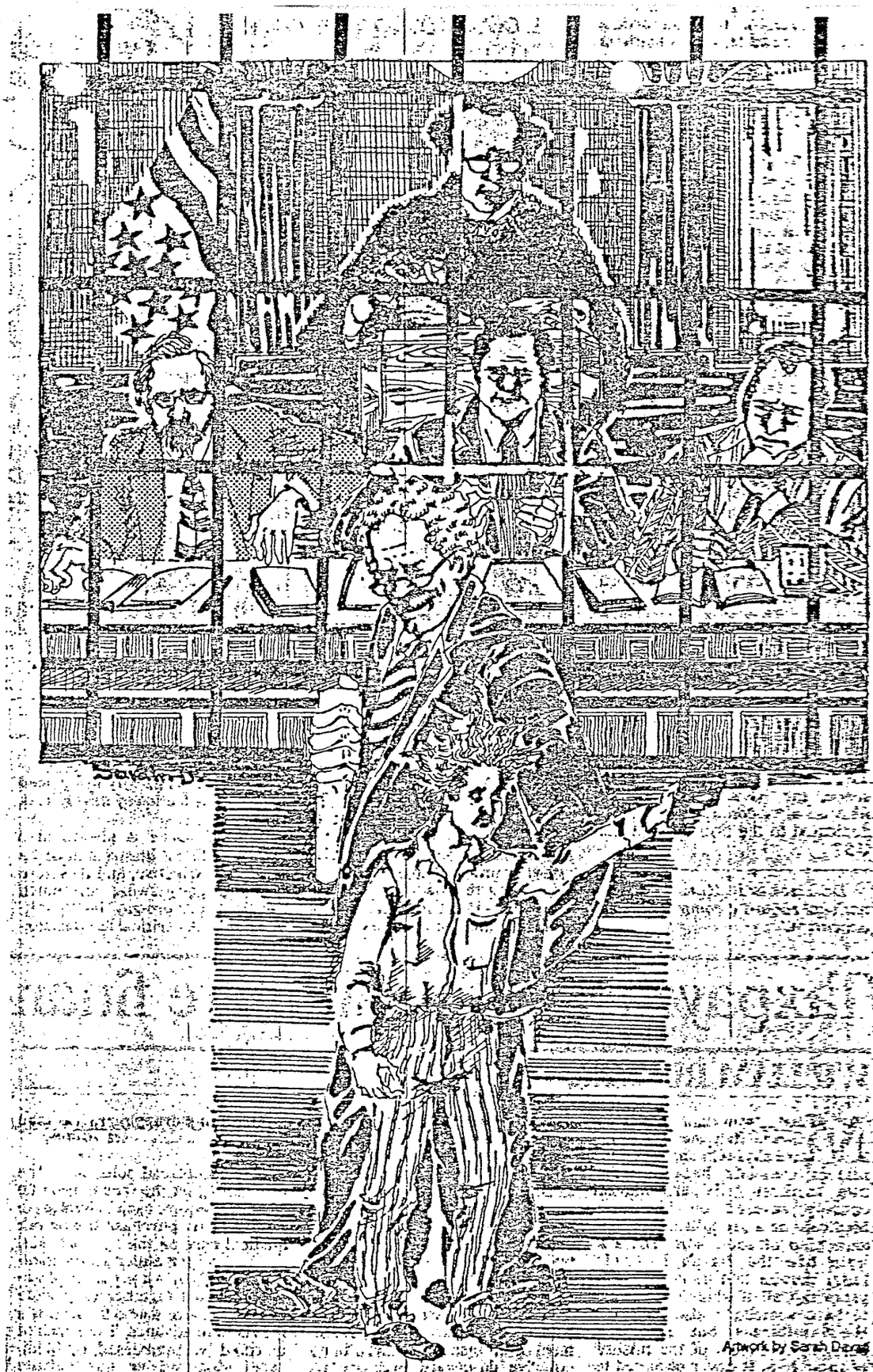
COMING IN COMMENTARY

NEW YORK TRIBUNE
MONDAY, MAY 30, 1983

TUESDAY

- **New light on Lindbergh kidnap:**
  Convicted murderer's leftist ties
- **Psychiatry, the courts and insanity:**
  Can society trust psychiatrists' opinions?

COMMENTARY



Artwork by Sarah Dorsey

TIM SKOG

To cure insanity defense lunacy: bar psychiatrists from courtroom

Ever since the decision to find John Hinckley not guilty by reason of insanity (NGRI) nearly one year ago, public outrage against the decision is as strong as ever. In line with this, several states including New York and the Federal government are considering or introducing legislation designed to limit abuses of the insanity plea.

One of the proposed laws for New York, which has already been approved by the State Senate, would allow for a "guilty BUT mentally ill" plea. Under this law, the defendant could be found guilty whereby a complex formula would be employed to incarcerate the individual in a prison, mental institution or any combination thereof for the duration of the sentence, during which time the person would receive psychiatric treatment.

While such legislation is well-intentioned, society and the courts would still be burdened with the legal malaise of psychiatric testimony.

Merely to limit or alter the use of NGRI is to treat a symptom rather than confront and root out the cause. While the "guilty-but-mentally-ill" legislative reform may be helpful as short term relief, the more basic and underlying problem of psychiatric testi-

Tim Skog is New York director of Citizens Commission on Human Rights.

mony will eventually need to be solved.

For those readers who may wonder what credentials I offer, I proudly confess to being neither a psychiatrist nor an attorney. I have studied a great deal of literature on the subject and have spoken extensively with many experts, some of whom are psychiatrists and attorneys. Moreover, common sense prevails in this situation and those who favor NGRI and psychiatric testimony may no longer rely upon a degree to preclude or exclude critical arguments contrary to NGRI.

History of NGRI

In 1843 an English court case provided American courts with the precedent for NGRI. This was the M'Naughton decision which found Daniel M'Naughton not guilty by reason of insanity for attempting to assassinate Robert Peel, then the Prime Minister of England. While public outrage in England was nearly as great as that of Americans due to the Hinckley decision, more than 100 years later the

While the "guilty-but-mentally-ill" legislative reform may be helpful as short term relief, the more basic and underlying problem of psychiatric testimony will eventually need to be solved.

M'Naughton Rule" nonetheless established in American and English jurisprudence that a defendant could be excused for criminal conduct because he was incapable of understanding why his act was wrong.

As a result of the M'Naughton decision, a precedent was set allowing psychiatric intrusion into the judicial branch of our government.

Today aproximately half of our states rely upon the "M'Naughton test" to determine a defendant's inability to understand the wrongfulness of his crime. The M'Naughton test is a definitional check to separate inexcusable crime from excusable crime, not guilt or innocence as originally intended by law.

Myth of expertise

Psychiatrists are no more expert at determining the mental state of a defendant prior to, during and after the commission of a crime than you or me. The American Psychiatric Association (APA) has stated much in a friend-of-the-court brief several years ago wherein the APA confirmed that psychiatry and psychiatrists have no tools or means to predict future violent and/or dangerous behavior on the part of those labeled criminally insane.

Dr. Lee Coleman, director of the Center for the Study of Psychiatric Testimony in Berkeley, Calif., who is himself a psychiatrist, is considered by many to be the foremost expert on the unreliability of

(see SKOG, page 4B)

rightful place, but it has no place in the courtroom."

Focus on the problem

Proponents of the insanity defense have traditionally held two basic arguments: (1) The insanity defense is seldom used and when used is seldom successful; and (2) western jurisprudence has a tradition of mercy for insane defendants.

However, the alleged infrequency of its use and success is all the more reason for eliminating the insanity plea. The number of abuses and travesties of justice among the successful uses of the insanity defense alone are enough to justify its abolition.

Moreover, the matter of inexpert testimony is the true focus of the argument. The actual statistics on misleading psychiatric testimony go unnoticed.

The second argument is equally weak. The idea that mercy is shown to insane defendants by sending them to a mental hospital instead of prisons in belied by the fact that the conditions in most mental hospitals are worse than prisons, whereby drugs, electric shocks, confinement, beatings and denial of privileges are dispensed as "treatment." In practice, prison inmates have more right of refusal of such methods than do mental patients.

Psychiatry has no legitimate claim to a relationship with science or medicine, in that it unscientifically trains psychiatrists to be disposed toward finding negative characteristics. Specifically, there are no psychiatric definitions for sane, normal or well-adjusted. Therefore, all psychiatric "diagnosis" is based on personal prejudice and negative orientation and thereby lacks the objectivity of a science. As for medicine, psychiatrists violate the Hippocratic Oath daily by dispensing harmful drugs as medicine.

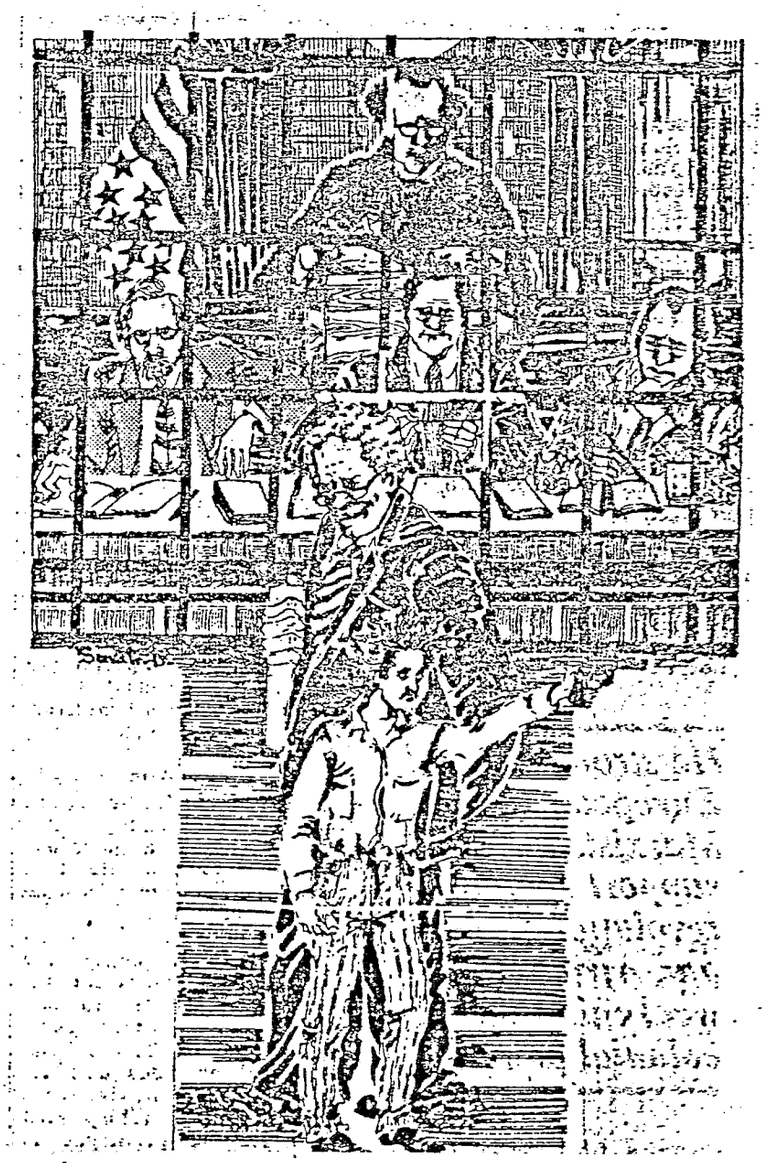
Thus, the following proposals should be enacted and enforced if there is any hope to undo the dangerous intrusion of psychiatry into our judicial system:

(1) Abolish the insanity defense for a criminal act and eliminate mental state as a factor in guilt or innocence, but leave, rather, a defendant's fate to a judge or jury as the law first intended.

Justice could be defined as the correct assignment of responsibility for one's actions, yet the insanity defense prohibits the assignment or acceptance of responsibility and is therefore indefensible in the name of justice.

(2) Make psychiatric testimony inadmissible as evidence and deny expert status to psychiatrists.

The reliability of psychiatric testimony is at best a 50/50 proposition, while lie detectors are generally considered between 60 and 90 percent reliable. It is the remaining percentage of unreliability of lie detector tests that has made them inadmissible as evidence in every court in the country. Therefore, psychiatric testimony, by statistical comparison, more than deserves the same treatment.



TIM SKOG

(From Page 1B)

expert witnesses.

Why treat psychiatrists differently? Do you regard them as second-class scientists?"

A. "I would say it's worse than that: They're not scientists at all. In these other fields, the experts do truly have a scientific basis. A pathologist can tell you whether there was a certian chemical in the blood. He can tell you whether the liver had a tumor in it or whatever. He has tests that are reproducable and objective. You may find differences of opinion among pathologists and other experts, but you don't find the outlandish, ridiculous testimony we hear every time we have a psychiatric trial.

"Psychiatry is pseudoscience. The best you can say is that it is an art form. It can be good in its

FEATURES

David Griffiths is a leading member of the Citizens Commission on Human Rights. While in Switzerland recently he attended an international conference on psychiatric abuse. Here he reports on some of the startling allegations and conclusions made there.

At a conference in Switzerland last month, the International Citizens Commission on Human Rights was formed with the purpose of combatting psychiatric abuse around the world.

Professor Thomas Szasz is the patron of the new organisation. Szasz is an internationally famous critic of psychiatry, and the author of 16 books which have been published in twenty languages. The president is Dr Lee Coleman, an American psychiatrist and author of a soon to be published book on the abuse of psychaitric "authority".

Wherever psychiatric power is exercised it is bankrupt and abusive according to leading psychiatric reformers speaking at the Conference. Psychiatry around the world is making moral, political and theological judgements and calling this medicine, according to the speakers.

Some of these speakers included Professor Szasz, Profesor E. Cotti, and Professor A. Shroedter; the first two being psychiatrists and the latter being a professor of medicine attached to Harvard University. Professor Szasz called psychiatry a fraud. 'Mental illness' does not exist he said. Psychiatry is the perversion of power of one person over another. One current abuse is for psychiatrists to testify in court that a deceased person was crazy when he wrote his will — despite never having met the person — so that a lost relative could get his cut.

Professor Cotti from Bologna agreed that mental illness is a myth. He said psychiatry reduced the "confidence" of people to overcome problems. It is cultural murder to put someone in an institution and tell him he has a mental disease, Professor Cotti said.

Italy has passed a law banning big psychiatric institutions. But Professor Cotti said that real reform would not come until the "medical' approach to human problems was dropped. Huge quantities of drugs are still being forced on patients.

No ECT (shock treatment which is an electrically stimulated epileptic fit used as a "cure" for depression) is used in the psychiatric institution run by Professor Cotti because three years ago he confiscated the machines. Professor Shroedter attacked the treatments used by psychiatrists. He said that the drugs and ECT damaged healthy brains. Shock treatment is 10 million times the normal voltage used by the brain, he said. It is like a lightning bolt hitting a TV set, the difference being that you can throw the TV away but you have to keep your brain.

Professor Shroedter condemned psychiatrists for their quick diagnoses of people. Their categories have only linguistic existence he said.

Dieter Storz, a German journalist, described the abuse of psychiatry during the last century in France and Germany, where leaders of insurrections "and other people who make people unhappy" are labelled as suffering from "political madness". It was just as ridiculous and worrying that the World Health Organisation in 1975 described racism as "the greatest health problem facing the USA", and a "medical emergency".

Dr. Lee Coleman, an American psychiatrist, attacked psychiatric complicity in the violation of religious freedom in America. He said that in recent years psychiatrists in America have been holding seminars on "True Religion and Religiousity". "Religiousity" is applied to members of new religions, which according to these "experts' are not real religions.

The New York legislature has twice passed a law allowing psychiatric treatment for members of these religions. The first time it was vetoed by the Governor, but the second Bill has yet to be decided upon by him. According to these new proposals religious beliefs of these persons are to be arbitrarily dealt with by the authorities.

Films of ECT being given were shown to the Conference. Also slides were shown of mummified patients from Italy. The patients were injected with the mummification fluids *whilst still alive* so that the heart would most effectively distribute them throughout the body. The procedures were carried out early this century by the psychiatrist predecessor of the man who invented ECT, Ugo Cerletti. This psychiatrist believed that you could determine a person's sanity from the shape of his head.

Dr. Georgio Antonucci, a psychiatrist from Florence, said that Human Rights will only be respected when the public demand an end to abuses. Dr. Antonucci had spoken to the public in his area, telling them that "mental patients" were the same as they were except that they had failed in life too many times. He so aroused curiosity of the public that groups of people, including the local mayor, went to the institution and demanded to be let in to see the patients. Initially they were refused, but the people demanded to see what was going on. And so they were finally allowed in. Sights included a 12-year-old boy who had been given a lobotomy. As a result of these exposures various improvements were instituted in the Italian system.

Dr. Antonucci encouraged the Conference attendees to do likewise in the local Swiss institutions after a member of the audience said that psychiatrists at the local institution only released patients if they agreed to take drugs for the rest of their life.

All speakers have become advisors to the new International CCHR. Within several months hundreds of top professionals and community groups are expected to be affiliated, making this group the biggest internationally in the field of mental health.

Professor Szasz compared the monumental task of stopping psychiatric abuse to the work involved in the abolition of slavery.

David Griffiths

Petition Calls For Ban Of Psychiatrists To Testify In Insanity Court Cases

Psychiatrists should be banned from the courtroom and the "insanity defense" abolished, according to a petition circulated in Miami, Florida by the Citizens' Commission On Human Rights, a local mental health reform group.

CCHR, sponsored by the Church of Scientology, is seeking signatures on a petition to demand legislative hearings and laws passed at the federal and state levels which will abolish the insanity defense and eliminate psychiatric "expert" testimony from the courtroom.

The petition was prompted by nationwide public outrage following the acquittal of Presidential assailant John Hinckley, Jr., by a Washington D.C. jury which deemed him "not guilty by reason of insanity," according to CCHR spokesman Larry Slatkoff.

Miami attorney, Caron Balkany, feels that the issue of insanity should have no bearing on whether a person is guilty or not. She added that the defendant should be found guilty or not guilty as decided by a jury and then the sentencing and disposition of the individual could be decided.

The team of private psychiatrists testifying in Hinckley's behalf cost the government an estimated $450,000, with a total cost of the trial approaching $2 million.

Bakeley psychiatrist, Dr. Lee Coleman, longtime foe of the insanity defense, insists that psychiatrists in the courtroom are unable to make judgements regarding a person's mental condition. "Psychiatry has nothing valid to offer with regard to 'expert' examinations for any legal test question," says Coleman.

Psychiatrists are routinely unable to diagnose the mental condition of dangerous individuals, insists Coleman, and the result is not only miscarriage of justice, but often the release of dangerous criminals back into society. "In New York, for example," says Coleman, "in one recent year, 25% of killers found legally insane were released after one year. With friends like psychiatry, justice needs no enemies."

Hinckley himself could be released back into society within a short time, should psychiatrists evaluate his mental condition as sane, a prospect that alarms many as psychiatric misevaluation in the past has caused numerous tragedies. In December of 1979, Robert Berwid, deemed a "homicidal maniac", was released by a psychiatrist on a one day pass despite his continued threats to kill his former wife. Berwid left the institution and within hours slashed his 35 year old ex-wife to death with a hunting knife. He then lit candles at her head and feet and brought their two young children into the room, making them kiss their mother goodbye. E.E. Kemper spent five years in a mental hospital after murdering his grandparents.

Three years after he was released from the mental hospital a psychiatrist pronounced him sane. During those three years, Kemper murdered his mother and seven other women, hacking up most of the bodies and burying the pieces.

At the time he was being certified sane, Kemper was carrying the severed head of his most recent victim in the trunk of his car. Larry Digman, released from South Florida State Hospital as sane then kidnapped and raped a nine-year-old girl. Robert Myron Evans, sent to South Florida State Hospital as incompetent to stand trial in a rape case, was later released from the hospital as competent and subsequently charged with a sex assault on a 12 year-old girl. "These are the kind of psychiatric atrocities that are being perpetuated by psychiatrists using the insanity defense," said Slatkoff, local CCHR spokesman. "The public is starting to become aware of the fraud of psychiatry, and it is time to get legislation that will once and for all eliminate psychiatry from the courtroom."

CCHR is circulating it's petition nationally, and has been seeking reforms in the field of mental health for a decade and a half.

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What Are Psychiatrists Doing To Law?

The Deputy District Attorney, Lynn D. Compton expressed the sentiments of many when he wound up the State's case against Sirhan Bishara Sirhan, assassin of Senator Robert F. Kennedy.

He stated, "Charles Dickens once wrote in a book, 'The Law is an ass.' I think that's true. I think the Law became an ass the day it let the psychiatrists get their hands on the Law. . . I say reject them."

His summation was stingingly simple, and was addressed to a jury disgusted with weeks and weeks of psychiatric nonsense, full of jargon and talk of ink-blots, father-images, and gestalts.

Thierry Mingione
President, Church of Scientology
of Florida

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Miami Review
Legal Daily 5,000

AUG-2 -82

No insanity plea, legal group asks

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Group Seeking Signatures

To the Editor:

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CCHR is circulating it's petition nationally, and has been seeking reforms in the field of mental health for a decade and a half. Please call 661-3757, or write CCHR, 1570 Madruga Ave., Coral Gables, Fla. 33146 for more information on how you can help.

Harry Slatkoff

The ABOLITIONIST

Newsletter of the American Association for the Abolition of Involuntary Mental Hospitalization, Inc.

Volume 6 Number 1 March, 1976

AAAIMH OPPOSES PSYCHIATRIC TESTIMONY IN HEARST TRIAL

Background

by Lynne Henderson

Through the efforts of Lee Coleman, George Alexander, and Pat Lufkin, the AAAIMH was given an opportunity to speak out against the use of psychiatrists as expert witnesses in the trial of Patricia Hearst. In a press conference on February 4, Dr. Coleman, a prominent Berkeley psychiatrist and member of AAAIMH, announced that he had written the trial judge, Oliver Carter, urging a re-evaluation of the belief that psychiatrists are "expert" witnesses. Mr. Alexander, currently chair of AAAIMH, summarized the legal problems raised by the use of psychiatric testimony in the trial in a separate statement. Mr. Lufkin generously donated his time and the support of the Citizen's Commission on Human Rights to organize the conference.

Soon after Ms. Hearst was arrested last fall on bank robbery charges, it was apparent that psychiatrists would play a large part in her subsequent trial. The young heiress' metamorphosis from frightened kidnap victim to self-described "urban guerilla" suggested, if nothing else, a behavioral change that social expectations could not explain or tolerate; therefore, the problem was turned over to the psychiatrists to solve.

Ms. Hearst's defense attorney, F. Lee Bailey, never denied her presence at the bank robbery in question, but early intimated that coercion, "brainwashing," and mental confusion were the reasons behind her participation in the crime. Initially, psychiatrists were called to determine her competence to stand trial and to assist in her defense. After some effort to discredit the majority finding her competent, the defense moved on to employing several psychiatrists who were familiar

(Continued on page 2)

Statement

by George J. Alexander

The use of psychiatrists in court proceedings encourages judges and juries to pass off their own responsibility to consider facts. Psychiatrists are no better in sorting truth from fiction than are jurors, but they are permitted to testify as to their opinions and to clothe that testimony in terms which sound scientific.

If I wanted to testify as to my opinion of what happened during Patricia Hearst's stay with the Simbionese Liberation Army, the court would not allow my testimony. Even the prosecutor may not express his personal opinion to the judge, and yet he and I are experts in law. Psychiatrists have experience in dealing with emotional

(Continued on page 4)

Letter

by Lee Coleman

January 27, 1976

Judge Oliver Carter
Federal Building
450 Golden Gate Avenue
San Francisco, California

Dear Judge Carter:

The trial of Patricia Hearst is receiving greater attention than any trial in recent years. Though some of this fascination undoubtedly results from the fact that a wealthy heiress is on trial for armed bank robbery, I believe a larger factor is recognition of the exquisite moral and legal issues of the case. Specifically, the jury will have to grapple with the age-old questions of degree of culpability vis-a-vis state of mind. I obviously need not belabor the

(Continued on page 2)

MESSAGE TO THE MEMBERS

By the time this reaches you, the Abolitionist Fund should be incorporated in California. The Abolitionist Fund has been created in order to provide a source of funds for the charitable and legal work of AAAIMH. We expect shortly to have the fund approved by the Internal Revenue Service so that donations will be tax deductible as charitable contributions. Members will be notified of this approval immediately. We are indebted to Lynne Henderson for incorporating the fund.

The existence of the Abolitionist Fund will facilitate fund-raising efforts and thus may give AAAIMH the ability to be more outreaching than it has been. Never a wealthy organization, AAAIMH has had to content itself largely with identifying people who share our common perspective on coercive psychiatry. The resources of the Abolitionist Fund could make it possible to expand the organization's efforts.

As a general statement, I think we must now either grow or eventually cease to operate. The fund may provide resources for our growth. If we can also establish chapters of the organization in various parts of the country, we can increase the scope and efficacy of the parent organization. Members who are interested in forming chapters can contact the national office for suggestions and help.

I hope every member will make a commitment to give time or money to ensure AAAIMH's future. Time can most effectively be used in getting new members and establishing chapters. For those of you whose time is already short, a donation of money to AAAIMH or to the fund will be of great help *now*. If AAAIMH is to continue and to realize its goals, we must have your help and financial support.

George J. Alexander, Director

Background

(Continued from page 1)

with brainwashing to examine Ms. Hearst. (See, for example, "A Psychiatrist's Notes," *Newsweek*, Feb. 16, 1976.) Ms. Hearst also received psychiatric "treatment" before the trial. Not to be caught unprepared, the prosecution employed its own psychiatrist to examine Ms. Hearst. In the words of one reporter, the trial threatened to become a "psychiatric circus."

This threat has since materialized in full.

(Lynne Henderson, the Executive Secretary of AAAIMH, is a law student at Santa Clara U.)

Letter

(Continued from page 1)

special circumstances which make this case such a difficult one with respect to these issues.

Since the 19th century, and with growing regularity, psychiatric testimony has played a central role in the judicial determination of criminal responsibility. We have assumed that the psychiatrist is an expert witness whose testimony should be solicited to help the judge or jury determine the issue of *mens rea*.

It is now clear to virtually everyone that something has gone wrong with this process. From M'Naughten to Durham to U.S. v. Brawner and beyond—each was to clear up the dilemmas of criminal responsibility and state of mind. The results have been disappointing, to say the least.

The resulting dialogue between psychiatry and law has usually produced much heat but little light. Each side feels the other is insensitive to the crucial issues. Until recently, virtually no one from either law or psychiatry recognized the reason the psychiatrists continue to give foolish answers is because the lawyers continue to ask them foolish questions. Ultimately, of course, the greatest fools are the rest of us, because the attorneys and psychiatrists are merely acting out a drama dictated by current laws which are everyone's responsibility.

Let me hasten to clarify that what is foolish is not the attempt to determine state of mind as a factor in criminal responsibility, but the elevation of psychiatrists to the status of expert witnesses in the process.

Since M'Naughten, we have *assumed* that the psychiatrist possessed a legal expertise, largely because he was seen as a physician whose examinations, diagnoses and prognoses were as scientifically based as any other physician's. In my view, this is what we have *wanted* to believe, principally because we were all too willing to "cop out" on the difficult moral issues presented by anti-social conduct by an individual of questionable state of mind. How much easier to call on an ethical holy man, disguised as a scientist, to answer the difficult questions for us.

Though the psychiatrist does not make the final determinations in these matters, nonetheless, by qualifying the psychiatrist as an expert, we thereby shift the burden by disguising an ethical and moral issue as a scientific one.

Among the many ironies in the case of Ms .Hearst, consider the following. At considerable financial expense to the taxpayer, and psychological expense to her, innumerable psychiatric "examinations" have been concluded. *The fact is that in the legal sense there are no psychiatric examinations.* There is in psychiatry and psychology not a single evaluation which has anywhere near the validity or reliability to qualify as material to be presented by a bona fide expert witness.[1] While psychiatrists (and other therapists) may certainly possess skills, based on training and experience, in working with emotionally disturbed individuals, much as a painter or a carpenter has skills, there has never been a shred of evidence to indicate that psychiatrists possess the skills required of them in the courtroom.

The presumption of psychiatric expertise in the courtroom involves two assumed abilities:

1) To predict future behavior, based on current mental state;
2) To reconstruct previous mental state, based on *post hoc* "examination."

The case of Ms. Hearst involves the latter question, but increasing evidence indicates that psychiatrists can do neither, thus disqualifying them from offering testimony regarding propensity for dangerousness or degree of criminal responsibility.[2]

You have an opportunity to make a major contribution toward a remedy for our currently muddled situation. I urge you to take the decisive step of excluding *all* defense and prosecution

(Continued on page 4)

PSYCHIATRY OR SPY-CHIATRY?

It has been reported in the press that the Detroit Police Department is proposing a "therapy plan" for its force. An "Aid Center" would be set up within the department. It would be staffed by psychiatrists, to whom officers identified as having "emotional problems" would be referred. The report stressed the benefit to the burdened officers from this helpful and convenient service, especially as to questions of disciplinary action.

Both Police Chief Tannian and Mr. Ronald Sexton (president of the Detroit Police Officers Association) seem to applaud the idea. However, life experience suggests that when two parties with certain fundamentally opposed interests develop a joint enthusiasm in imposing "help," we should be wary. A careful examination of the proposal bears out this concern. The hidden scapegoat turns out to be the individual officer.

What is the basis of need for such a center? A police officer—like all of us—can become or be made aware of "problems" and decide to seek out professional help. On the other hand the officer—like all of us—can decide to try to handle his problems in other ways. In any case, having been given an awareness of the difficulty, he can then be held accountable for doing something about his behavior, i.e., correcting it.

If police officers do have the resource of private psychiatric help, with or without *informal* encouragement from others in his life, what does a departmental service add? I suggest that what it offers in fact is a probation

(Continued on page 3)

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Lynne Henderson

S. 1 PERPETUATES PSCHIATRIC POWER

by Lynne Henderson

Senate Bill 1, the "Criminal Justice Reform Act of 1975," has received growing attention as one of the most potentially repressive pieces of legislation in recent history. Reflecting the strong "law and order" sentiments and political suspicions of its Nixon Administration authors, S. 1 effectively repeals sections of the Bill of Rights—particularly the first amendment—in a sweeping reorganization of the Federal Criminal Code. The bill, which may be out of committee by March, has been criticized chiefly for sections affecting freedom of speech, confidentiality of sources, government wiretapping privileges, etc. A less publicized but equally distasteful portion of the bill is a subchapter titled "Offenders with a Mental Disease or Defect." In this subchapter, the psychiatric paradigm which has influenced criminal law in the past is strengthened and expanded.

Subchapter B of Chapter 37 recognizes, reinforces, and enhances the false legal/psychiatric constructs which in the past have served to deprive persons of their rights, distort justice, and perpetuate the social control of non-criminal deviance. This becomes apparent immediately in the statement, "as used in this chapter, 'insanity' means a mental disease or defect as a result of which a person lacked the state of mind required as an element of the offense charged." Psychiatrists are given enormous flexibility and control in determining what "mental disease" affected a person's "state of mind"; speculation and retrospective judgment easily become the criteria in determining criminal responsibility. It seems to have escaped the attention of the bill's authors that the application of such abstractions to specific life situations by psychiatrists, judges and juries *at best* results in unequal justice.

"Competency to stand trial" remains virtually unchanged in this "revision" of the Federal Criminal Code. In deference to the Supreme Court's ruling in *Jackson vs. Indiana*, a defendent whose competence is in question cannot be hospitalized for more than 60 days before a hearing to determine his competence is held. If, however, at the hearing, "a defendent's mental condition is determined to be such that there is not a substantial probability that he will attain the capacity to permit the trial to proceed," he may be indefinitely confined in a mental hospital if found to be "presently suffering from a mental disease or defect as the result of which his release would create a substantial danger to himself or to the person or property of another" at a second hearing. By interjecting the test of "substantial danger" and providing for a second hearing, the bill attempts to circumvent the *Jackson* ruling that a finding of incompetency cannot justify the indefinite incarceration of an individual.

The "substantial danger" criteria appears throughout the bill as a means of depriving persons of their liberty. "Dangerousness" seemingly has become the justification for the social isolation of persons, regardless of whether or not they are guilty of a crime. At almost any time in criminal proceedings, a hearing on the presence of a "mental disease or defect" causing "substantial danger" may be held; an individual is constantly subject to hospitalization for "care, custody, and treatment" if, as a result of his release (the person) would create a substantial danger to himself or to the person or property of another." If all criminal charges against a person have been dropped, he still may be subject to involuntary hospitalization simply by virtue of having been a criminal defendent. A convicted person who has served his sentence, if found to be a "substantial danger" because of a "mental disease or defect," may be confined in a mental hospital indefinitely. This suggests the unconstitutional practice of preventive detention and violation of the equal protection under the law clause, disguised as the legitimate functions of a fair and just criminal system.

There are provisions in S. 1 for due process safeguards for individuals threatened with incarceration in a mental hospital. At hearings, the defendent has a right to counsel, a right to testify and present evidence on his behalf, to subpoena witnesses, and to cross-examine witnesses against him. Due process is hardly adequate protection in a system which is inherently unequal, however. For example, the defendent does not have the right to refuse psychiatric examinations, which implies denial of the privilege against self-incrimination.

It is possible that, if S. 1 is passed, some of these provisions would not withstand challenges in court and others would not be implemented. At present, however, the bill legitimizes false constructs and unconstitutional practices in theory, if not fact. The same action being taken against other sections of S. 1 is needed here as well. If you would like more information about the bill, contact AAAIMH or your local ACLU. If the bill is not yet out of committee, contact the members of the Judiciary Committee and urge them to re-examine this section. The Judiciary Committee members are: McClellan, Hruska, Bayh, Eastland, Fong, Griffin, Mansfield, Moss, Scott (Pa.), Taft, and Tower. Contact your senators and advise them of your opposition to this section; ask them to send you a copy of the bill. Call attention to this section whenever you can.

It would be tragic to see this bill become law in its present form. Let's see what we can do about it.

(Lynne Henderson is identified following the "Background" story on p. 1)

Spy-chiatry

(Continued from page 2)

department in psychiatric disguise.

Chief Tannian suggests that the administration would consider any officer seeking help at the Aid Center to be, "in a position of a patient seeking medical help from a physician and would not interfere." Let us see if this is so.

If you or I decide to get medical help it is usually our own affair. (The fact and nature of medical treatment is the patient's privilege to reveal, not the doctor's.) Except in very special occupations, we are ordinarily not required to inform our employer. Of course, if we claim to be *medically* disabled from working, our employer may require *medical* certification. However, being a *psychiatric* patient is frequently a damaging admission; an officer who bore the stigma of "mental patient" in his record would surely find it difficult to advance himself in the force. So how would the police administration become aware of an officer's psychiatric treatment? In two ways: (1) he would be coerced into going to the center by the threat of disciplinary action, or (2) wishing to exempt himself from the ordinary penalties of not doing an adequate job, an officer would claim to have

(Continued on page 4)

Spy-chiatry

(Continued from page 3)

"emotional problems." In both cases it is clear that the psychiatrist would have to judge the alleged "illness" and then consult with the officer's superiors. It is also clear that, depending on his motivation for going to the center, the officer might present himself in very different ways.

This state of affairs is not medicine. It is Big Brotherism and Spy-chiatry.

Chief Tannian admits to difficulty in deciding whether or not an errant officer should be disciplined. He seems to believe that an officer thought to have "emotional problems" perhaps should not be held to usual job standards. Why not? And who decides? To decide when and how to exert administrative discipline is a difficult task; but after all, isn't that why Chief Tannian and other departmental superiors are paid more than their subordinates? If the Chief finds his job too difficult, he can just do what his officers can do if they cannot do the job—resign. If the Chief wants to hire psychiatric consultants to advise him on discipline, well and good. But it is then deceitful to claim that the psychiatrist is there to help the individual officer.

Why then is psychiatry to be introduced into the police force? I suggest that its purpose, knowingly or not, is to obscure and suppress the very real and difficult underlying problems besetting the Detroit Police Force. Their true nature is well-known: they are political, racial and economic—not psychiatric. Their solution requires great patience and compromise, not illusions of psychiatric cure.

One gets the impression that Chief Tannian is afraid that he cannot control his officers and that Mr. Sexton fears that he cannot control his union members. Abolitionists will understand well the illusory appeal, the immorality, and the speciousness of psychiatric control. For example, at least one attempt has already been made to "psychiatrize" a political hot potato for the Detroit Police Department, that of the residency requirement for Detroit officers. In testimony before the Michigan State Labor Relations Board, psychiatric opinion was offered by the DPOA claiming that the requirement of residing in Detroit was detrimental to the "mental health" of the officers!

What is an alternative to psychiatric control? Perhaps, as Mr. Sexton seems to believe, policemen are peculiarly vulnerable to "problems." By its nature good and ethical police work requires unusual self-discipline. Policemen have guns which they are authorized to use. They possess governmental authority. They become privy to secret knowledge denied the ordinary citizen. Such powers are tempting to exploit for personal gain. But we also entrust other persons with special powers, as for example elected officials. Their activities are regulated in three ways:

(1) The are subjected to the same Rule of Law which governs all of us.

(2) There are others (hopefully with independent interests) who "look over the shoulder" of the officials.

(3) Questionable actions are put under public debate.

I believe that this same system of regulation should be carried through in the Detroit Police Department.

(Martin D. Capell, Ph.D., is a psychotherapist at the Metropolitan Center for Problems in Living, Metropolitan Hospital, Detroit, and editor of the Abolitionist.)

Statement

(Cont. from page 1)

disturbance, but that does not require them, anymore than lawyers, to learn to predict future conduct or correctly reconstruct what happened in the past. All scientific studies to date fail to demonstrate that psychiatrists have any talent for this at all.

Psychiatrists are allowed—and even encouraged—to testify because of a belief that their medical experience gives them insights lay people cannot have. But, the specialty of the psychiatrist, mental illness—whatever that is—is not what they are called upon to describe to the jury. Instead, they describe their impressions—their own versions—of what the defendent felt and did during the alleged crime. The recent complaint by Ms. Hearst's attorneys that she was being questioned by the state psychiatrist about her alleged criminal activities highlights what is really happening. I don't know whether the claim is true, but something like it must be true because there is really nothing else to examine. There are no scientific tests for reconstructing the past, so the psychiatrists must ask directly about what happened if they are to testify about a past event.

The prosecutor is prohibited from requiring Ms. Hearst to speak to him against her will. Even if she takes the stand, the prosecutor is prohibited from asking her certain types of questions—and she has her lawyers at hand to protect her. This is true because long experience with law has demonstrated that compelled self-incrimination leads to horrible abuses, and the results are unreliable. We forget this history of freedom entirely when we send in the psychiatrists, armed with a court decree, to get the "true" story. Of course, Ms. Hearst will have her own psychiatrists, and they will, presumably, testify for her version of the event in question. However, there never have been experts in prediction or hindsight, and non-experts are prohibited from stating their opinions in court. How much better for justice if the psychiatrists on both sides were thrown out.

(George J. Alexander, a Director of AAAIMH, is the Dean of the Law School, University of Santa Clara.)

Letter

(Continued from page 2)

psychiatric testimony, on the grounds that the psychiatrists and psychologists cannot qualify as true expert witnesses. This would leave the jury to consider the difficult issues, wtihout the confusion of pseudo-experts, but with the help of *valid testimony*, i.e., from Ms. Hearst herself and any other direct participants.

Considering the major focus of attention on this trial, such a ruling would set an enormous and much needed precedent for the future exclusion of all psychiatric testimony. Though this may sound radical and extreme to some, it is in fact based on the conservative notion that criminal responsibility is a profound ethical and moral issue, that there are no "experts" on ethics and morals, and that we all diminish ourselves when we shirk such issues by searching for answers from false prophets.

Sincerely yours,
Lee Coleman, M.D.

1. Ennis, B. J. and T. R. Litwack, "Psychiatry and the Presumption of Expertise: Flipping Coins in the Courtroom," *California Law Review*, Vol. 62, No. 3, May 1974, pp. 693-752.
2. Ziskin, J. *Coping with Psychiatric and Psychological Testimony*, Beverly Hills, Law and Psychology Press, 2nd Edition, 1975.

(Dr. Coleman is identified in "Background" on page 1.)

The Dallas Morning News
DALLAS, TEXAS
D. 259,569 SUN. 314,000

NOV 16 1979

Group protests anew against code revision

Austin Bureau of The News

AUSTIN — Members of the Citizens Commission on Human Rights demonstrated again Thursday at the Austin federal building against Sen. Edward Kennedy's criminal code revision, which the senate and house have passed in different forms.

The small band of protesters chiefly complained that the Kennedy bill would give psychiatrists disproportionate influence on criminal procedure. Their hand-held signs said "Psychiatrists — High Priests of the Courtroom."

Tom Armstrong of Austin, spokesman for the Church of Scientology-backed human rights group, complained, "With a case like Dan White — the guy who murdered San Francisco's mayor and city supervisor, getting a lighter sentence because psychiatrists said his bad diet of Cokes and Twinkies led him to murder — what do we need with psychiatrists?"

The Citizens Commission on Human Rights has campaigned since 1975 against the Kennedy bill and for a prohibition against involuntary mental commitment on the word of a psychiatrist.

Armstrong said a few changes have been made to meet the commission's objections, however, now a person can still be sent to a mental hospital before he ever gets even a hearing, and psychiatrists are still considered experts about dangerousness and mental capacity. Psychiatrists themselves admit they cannot predict or surmise what went on in a person's mind at the time a crime was committed.

While the human rights group's opposition to the Kennedy-sponsored bill has been concentrated on psychiatrists in the courtroom, it has other objections to the measure.

The group asserts, for example, that Kennedy's bill would allow a citizen to be prosecuted for the new crime of obstructing a government function for something as minor as giving a postman the wrong directions to a house. And, the group adds, a citizen could be prosecuted for demonstrating within 100 feet of a federal courthouse while any judicial proceeding is going on — even if the object of the protest isn't involved in the trial.

Armstrong said protests will continue despite the fact that congress apparently will pass some version of the Kennedy bill.

The Inadequate Results Of Psychiatry

Psychiatrists Releasing Time Bombs Into Society

BY GENE ESQUIVEL

IN A CHICAGO suburb last April, a mental patient described as a "walking time bomb" brutally stabbed a young woman numerous times in the chest, abdomen and head with a six-inch hunting knife. The killer, Thomas Venda, had been arrested in two previous stabbings (in 1971, he had stabbed a 15-year-old girl 26 times) but was released by the Illinios Department of Mental Health in 1976.

Last May, Gregory Canatis of Midwest City, Oklahoma, ate part of his father's body after hitting him in the head with a brick and stabbing him. Canatis had been released four months previously from the psychiatric ward of an Oklahoma hospital.

Elizabeth Hairston, a brilliant graduate student attending the University of California at Santa Cruz, killed herself by leaping from a bridge only 48 hours after her release from St. Elizabeth's Hospital in Washington, D.C. She had been released even though police had found her nervously pacing near the bridge. After being brought to the hospital for psychiatric evaluation, the woman underwent group therapy. Her therapist was "very much surprised" by her suicide.

Only hours after seeing a psychiatrist, comedian Freddie Prinze's rise to stardom came to an end when he put a bullet in his head, having become despondent over financial and marital problems.

According to the Los Angeles branch of the Citizen's Commission on Human Rights, after an investigation of newspaper accounts and documents involving nearly 400 cases of suicide, murder, rape, arson and kidnapping reported in the United States since January 1, 1970, a common denominator runs throughout the incidents: each instigator of the various crimes committed had either recently been under psychiatric care or shortly before had been released from a mental hospital.

In its investigation, the Citizens Commission found that it was not alone in researching the association of violent acts and psychiatry.

Dr. John Monahan, former University of California at Irvine professor of Psychology, has done studies which show that psychiatric opinion is responsible for releasing violent people into society and also for assigning cruel prison terms to inmates who are not violent.

In his study on violence prediction in California, published in the *Journal of Social Issues*, 1975, Monahan states that 7,000 parolees were assigned to various categories related to their potential aggressiveness on the basis of their case histories and psychiatric reports. A one-year follow-up showed that for every correct identification of an aggressive individual there were 326 incorrect ones.

Santa Cruz County District Attorney Peter Chang, who calls Santa Cruz County the "Murder Capitol of the World" since the time a series of mass murders were allegedly committed by former mental patients, feels psychiatrists do not act as impartial experts in the legal system. "I believe the psychiatric profession needs to make a very careful reassessment

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Psychiatrists

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of its role and impact in the judicial process."

Chang notes that Edmund Kemper III, who killed his grandparents while a teenager and then confessed to eight more murders in 1972, was rated as no threat to society by two psychiatrists who examined him two days after he had killed and dismembered one of his ten victims, a 15-year-old Berkeley girl.

"Too many psychiatrists think they can determine a defendant's sanity, potential for violence or degree of recovery by a simple one-hour interview," Chang said.

Psychiatrists themselves admit they cannot predict what prisoners will do when they are released into society. Two prison doctors testified in 1975 before the California Select Committee on Penal Institutions that there is little a psychiatrist can do to predict behavior.

"Predicting the future is a very difficult and chancey thing at best," said Dr. Thomas L. Clanon, superintendent at the Vaccaville, California medical facility.

Psychiatrists find it difficult to agree on a definition of violence. Some define violence to include only injury or death to persons, while others include destruction of property. Violent thoughts are considered dangerous by some, while, in the District of Columbia, dangerousness is defined in terms of acts "which result in harm to others or cause trouble or inconvenience to others." A federal court once ruled that writing a bad check was sufficiently dangerous behavior to justify commitment. Despite this appalling lack of responsibility and expertise, psychiatrists continue to make predictions about violent potential of mental patients and prison inmates.

What — if anything — does psychiatry offer to cure people of these violent urges?

One of the most common methods is the use of psychotropic drugs. Psychotropic drugs have been known to affect human behavior in many ways. Some studies have indicated that the release of hostile aggressions frequently follows the use of some benzodiazapines (Librium and Valium). The release of hostility observed after the use of chlorpromazine (Thorazine), chlordiazepoxide (Librium) and dizepam (Valium) has even been implicated in some cases of murder and suicide.

In a study published in *Canadian Family Physician*, November, 1975, Dr. D.G. Workman and Dr. B.G. Cunningham found that violent, aggressive behavior was significantly more frequent in inmates who were taking psychotropic drugs. The drugs which caused the most frequent violence were the anti-anxiety agents such as Valium and Librium. This is sobering in view of the fact that Valium is the most commonly prescribed drug in the United States today, with Librium third.

"The giving of psychotropic medication, especially anti-

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anxiety agents, appears to make the acting out of aggression easier and usually in the violent manner seen in a prison society," according to Workman and Cunningham. "Perhaps the anti-anxiety agents do not act to relieve anxiety and frustration, but only to remove the anxiety and inhibitions about aggressive acts."

The behaviorists have another solution for the problem of violence.

According to Dr. Lee Coleman in his 1974 report "Perspectives on the Medical Research of Violence": "A nationwide prison brainwashing program is emerging under the guise of behavior modification. In the name of rehabilitation, vast discretionary power in the hands of prison officials is increasingly brutalizing prisoners.

"In the name of 'diagnosis' or 'prediction,' computerized testing is used for self-incrimination and invasion of privacy. In Colorado, this was being done on juveniles at the bargain rate of $7 per child. Results were fed to juvenile authorities and numerous other states had similar programs until 1973 when public disclosure led to their abandonment.

"Behaviorism with its view of man as being more suitable for 'contingency programming' than for freedom and dignity provides a major philosophical underpinning for the increasing interest in psychtechnology and behavior control."

Some of the plans of the behaviorists are alarming. Two criminologists, Barton Ingraham and Gerold Smith in "Issues in Criminology" published in 1972, recommended remote physiological monitoring devices, including electronic brain stimulation. "The ... use of stimulating his (the parolee's) brain electronically from a distance seems entirely feasible and possible as a method of control ... it will be possible to maintain 24-hour-a-day surveillance over the subject and to intervene electronically or physically to influence and control selected behavior."

From the facts gathered by the Citizens Commission for Human Rights and other testimony, it is apparent that the psychiatrist, working solely on the premise that man is only an animal, offers little in the way of solutions to curb violent crimes. Rather than improve the mental patient, the behaviorist/psychiatrist would destroy his freedom of choice electronically or by using drugs to control his actions, thereby treating the manifestations of the problem while ignoring the actual causes.

Herald-Dispatch

DEDICATED TO JUSTICE AND EQUAL RIGHTS UNDER THE LAW

Local 15c | National 20c Copy | Phone (213) 731-5159 | Thursday, January 8, 1976 | 1431 W. Jefferson Blvd., Los Angeles, Calif.

Commission Decries Psychiatric Mayhem

SACRAMENTO — In a documented submission presented to Senator Joseph Montoya (D-N.M.) today a national organization of psychiatrists, medical doctors, attorneys, and laymen condemned the use of psychiatric profiles by federal security agencies as a means of detecting potential assasins. Montoya, Chairman of the Senate Sub - Committee on Treasury and Appropriations, has announced plans to investigate Presidential protection procedures.

Calling the use of the profiles "a serious threat to the welfare of the President," Citizen's Commission on Human Rights President Kenneth J. Whitman presented the initial results of a six - month study conducted by the Commission of over 500 publicized crimes of violence committed in the United States durng the last 5 years. Whitman stated that Commission research documents conclusively prove the "inability of psychiatrists to predict 'dangerousness.'"

Commission officials charged that over 50% of the violent crimes had been committed by individuals previously released from psychiatric care or psychiatric institutions as certifiably sane. According to the Commission, these individuals committed over 250 murders, rapes and assaults upon release.

"The case of Sara Jane Moore is of particular relevance to the issues at hand," stated Whitman. "Sara Moore was in mental institutions seven times prior to her assassination attempt. Yet she was set free by the Secret Service one day before her attempt because she did not fit the 'psychiatric profile' of a killer. Lee Harvey Oswald was also released from psychiatric care as was Gary DeSure, recently arrested in Santa Barbara, California for conspiring to assassinate the President. Using psychiatric profiles is literally a fatal mistake."

The group further charged that a number of violent crimes were committed by individuals who had no history of violence prior to institutionalization. They cited the cases of Juan Corona, convicted murderer of 25 farm workers in California and Herbert Mullins, murderer of 10 as two examples.

"We are amazed that security agencies are

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Psychiatric Mayhem

(Continued from Page 1)

continuing to use psychiatric profiles in matters of such vital national importance," stated Los Angeles Commission Director Heber Jentzsch. "Newspapers today abound with stories of violent crimes committed by individuals who had recently undergone psychiatric evaluation and been released as cured. In fact, according to Com-

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Psychiatric Mayhem Decried

(Continued from Page 3)

mission research, nearly every infamous modern criminal was a psychiatric failure."

Commission officials recommended that governmental security agencies discontinue their reliance upon psychiatric evaluations or psychiatric profiles as a means of detecting dangerous individuals. The group further recommended that "an immediate search be begun for any individual or group which can be demonstration accurately predict human behavior," and "that all governmental security agencies be instructed to deal with individuals who have received psychiatric care in the most cautious and judicious manner possible."

The Citizen's Commission on Human Rights has been active in the field of patients rights since its formation in 1969 by Washington D.C. attorney John Joseph Matonis, and Kenneth Whitman, with noted New York psychiatrist and author Thomas Szasz as its original psychiatric consultant. Its Southern California Chapter has most recently come to public attention with its testimony before the California State legislature regarding the controversial Assembly Bill 1032, which will outlaw electric shock and psychosurgery on most minors. The group is sponsored by the Association of Scientologists for Reform and maintains offices in 18 major cities throughout the United States.

NEIGHBOR - MIAMI Aug, 1982

Insanity defense on trial

By ELLEN KAYSEN
Neighbor Staff Writer

Called by some 'defense of last resort', the plea of insanity has been targeted for intense criticism during the last decade.

The momentum gained earlier this year when John W. Hinckley Jr. was found not guilty by reason of insanity for his attack on President Ronald Reagan.

Consequently, the insanity defense itself is on trial across the nation, with the laws being changed or strengthened in many states.

Idaho, having taken the boldest step, has wiped the insanity defense off the states' statutes, effective July 1.

New Mexico, Georgia, Delaware, Kentucky and Alaska have created a new defense: guilty, but mentally ill. Persons convicted under such a verdict will be sentenced to prison and required to undergo psychiatric treatment. Hawaii has shifted the burden of proving insanity to the defendant. Some 20 other states are expected to tackle the issue when the legislatures convene next year.

IN FLORIDA, A petition now being circulated by a group of concerned citizens calls for even stronger action.

"Psychiatrists should be banned from the courtroom and the insanity defense abolished," the petition states.

The Citizens' Commission on Human Rights (CCHR), a mental health reform group sponsored by the Church of Scientology in Miami, is seeking signatures on their petition to demand legislative hearings and laws passed at both federal and state levels.

CCHR's petition drive was prompted by the nationwide

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Insanity plea criticized

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outrage following the acquittal of Hinckley, says spokesman Larry Slatkoff.

"It's high time we start swinging the pendulum the other way," Slatkoff says. "Our concern is that the person be allowed to take responsibility for what he's done."

Miami attorney, Caron Balkany concurs, saying she feels that the issue of insanity should have no bearing on whether a person is guilty. The defendant, she says, should be found guilty or not guilty as decided by a jury, and then the sentencing and disposition of the individual could be decided.

Berkeley psychiatrist Dr. Lee Coleman, CCHR advisor and longtime foe of the insanity defense, insists that psychiatrists in the courtroom are unable to make judgements regarding a persons mental condition. "Psychiatry has nothing valid to offer with regard to 'expert' examinations for any legal test question," he says.

Coleman insists that psychiatrists are routinely unable to diagnose the mental condition of dangerous individuals, and the result is not only a miscarriage of justice, but often the release of dangerous criminals back into society.

"In New York, for example," Coleman states, "in one recent year, 25 percent of killers found legally insane were released after one year. With friends like psychiatry, justice needs no enemies."

CCHR LISTS several tragedies which have occured due to premature release after psychiatric examinations. Among them is the case of E.E. Kemper, who spent five years in a mental hospital after murdering his grandparents. Three years after he was released, a psychiatrist pronounced him sane. Yet during those three years he had murdered his mother and seven other women.

Larry Digman, released from South Florida State Hospital as sane, proceeded to kidnap and rape a nine-year-old girl.

Robert Myron Evans, sent to the same hospital after being declared incompetent to stand trial in a rape case was later released and subsequently charged with a sex assault on a 12-year-old girl.

"These are the kind of atrocities that are being perpetuated by psychiatrists using the insanity defense," says Slatkoff. "The public is starting to become aware of the fraud of psychiatry in court, and it is time to get legislation that will once and for all eliminate psychiatry from the courtroom."

"Considering the widely publicized admission by psychiatry that it can't tell who is or isn't dangerous, we can only thank heaven that Hinckley came up dangerous," says Dr. Coleman. "But who knows six months from now—the coin may fall on the other side when he petitions for another hearing.....and so it is that murderers may be released in a year while flashers are still incarcerated 10 years after it happens."

With headquarters in Miami, the CCHR is circulating their petitions statewide.

"We'd like to get, initially, 5,000 to 10,000 signatures," says Slatkoff. "But this will be an ongoing type of thing. We plan to send these petitions out to legislators across the state and ask them to include this on their platform."

"We've gotten a lot of media response since we started our petition drive," Slatkoff adds. "Citizens are interested and concerned about what we are trying to do."

WOODLAND HILLS, CAL.
TIMES & CANOGAN
W. CIRC. N. AVAIK.

JUL 7 1976

Psychiatry attacked

WAY TO DETECT ASSASSINS

The reliance by federal agencies on "psychiatric profiles" as a means of detecting potential assassins and potentially violent individuals has come under fire by the local chapter of a national human rights group.

Charges levelled by the group came in response to revelations during recent hearings by a Senate Committee that agencies such as the Secret Service rely heavily on psychiatric evaluations in their quest to detect potential presidential assassins, though they have little faith in the efficacy of these evaluations.

According to Mike Quinn, a spokesman for the Citizens Commission on Human Rights (CCHR), the Secret Service is "In the untenable position of knowing that these psychiatric profiles are in most cases extremely inaccurate and unreliable, yet are forced to depend on these methods because they lack other standards to more accurately predict human behavior."

H. Stuart Knight, Director of the Secret Service, testified before the Senate hearings that the service many times has "Been advised by behavioral scientists that it is most difficult to predict behavior and that it is almost impossible to predict those triggering factors which can arise momentarily and that cause an individual to commit a crime or a violent act." Knight added that the Secret Service will continue "To search for a more scientific basis upon which to make our judgements and predictions of who presents a potential danger."

Senator Joseph Montoya (D-N.M.), Chairman of the Senate Committee on Appropriations which has been probing the efficacy of Secret Service protective measures, which recently presented a submission by the CCHR which cited in support of its criticism of psychiatric evaluations a study of over 500 publicized crimes of violence committed in the United States during the past five years. The study included findings such as: -Oer 50% of the violent criminals studied had been previously released from psychiatric care or psychiatric institutions as certifiably sane. Sara Jane Moore, recently convicted of attempting to assassinate President Ford, was in mental institutions seven times prior to her attempt on his life. Yet she was set free by the Secret Service one day before the attempt because she did not fit the "psychiatric profile" of a killer. A number of violent crimes have been committed by persons who have had no history of violence prior to psychiatric institutionalization.

"What we are pointing out in our study," said Mike Quinn "is that psychiatric profiles are statistically too inaccurate to be relied on by agencies entrusted with the protection of the President and other prominent figures and that continued reliance on such means could prove to be a fatal mistake."

Many of the most outspoken critics of the accuracy of psychalatric evaluations and diagnostic procedures have come from within the psychiatric community itself.

Recently, in San Francisco, out of the controversy surrounding the Patricia Hearst case, two psychiatrists and a prominent psychologist levelled hard criticism as the "So-called expertise of psychiatrists to accurately asess mental states or predict future behavior."

Dr. Lee Coleman of Berkeley and Dr. Raymond Reynolds of Los Angeles both denied the ability of their peers to accurately describe "Internal states of mind such as criminal intent" or to "Predict future anti-social or undesirable behavior." Dr. Jay Ziskin, Los Angeles psychologist and attorney and author of the book **Coping With Psychiatric and Psychological Testimony**, characterized psychiatric evaluations and methods of assessment as "frought with danger of distortion, incompleteness, and inaccuracy due to personal values, attitudes and biases of the examiner."

Where it has been possible to test psychiatric judgements against known objective criteria," said Iskin, "Those judgements have been shown to more often wrong than right."

The CCHR agrees with Dr.'s Coleman, Reynolds and Ziskin. "Psychiatric evaluations have proven to be a dangerous criteria on which to base decisions of national security," stated Mr. Quinn. "Security must begin to look for alternatives to psychiatric double-talk."

Composed of medical doctors, attorneys, psychiatrists, and laymen, the Citizens Commission on Human Rights include in their goals "The protection of individual rights and self-respect of every citizen as guaranteed by the constitution and the universal declaration of human rights."

Society for Safety in Mental Healing *

2nd January 1981.

The American Ambassador,
American Embassy,
PRETORIA;

Dear Sir,

We enclose herewith copies of a petition to which we have been collecting signatures since Sunday 14th December, 1980 in Johannesburg, Pretoria, Durban and Cape Town.

You will note that the petition calls for John Lennon's killer to be kept out of psychiatry's hands. We want psychiatry barred from dealing with criminals, and we want criminal law to take its course.

We would appreciate it if the fact that we have collected more than a thousand signatures in this regard, can be telexed to the relevant authorities in your country, pending their receipt of the actual documentation.

It is noted that David Chapman has been charged with the second degree murder of John Lennon and that his defence will enter a plea on Tuesday, 6th January on the grounds that he is unable to understand the charges brought against him. It is then expected that the Prosecution will seek further psychiatric advice, to confirm whether this is so or not.

We would take this opportunity of saying that David Chapman is the most recent in a series of grisly killers created by psychiatric mistreatment. Both your country and ours lost a President in this way to a psychiatric failure.

We feel that it is time governments began to label psychiatry for what it is - the greatest failure of the century.

Yours faithfully,

Elizabeth Shires (Mrs.)
Honorary Secretary and Spokesman.

* The Society for Safety in Mental Healing is the South African Branch of the Citizens Commission on Human Rights

THE CITIZEN

INCORPORATING THE FINANCIAL GAZETTE Johannesburg Monday December 15 1980

15 CENTS (Incl. 1c GST)

Demos want Lennon killer to face law

By MANIE WOLFAARDT

DEMONSTRATIONS were held in Johannesburg and other major centres throughout the country on Saturday, demanding that the killer of former Beatle John Lennon be taken out of the hands of psychiatrists and turned over to criminal law.

Members of the Society for Safety in Mental Healing* gathered at Highpoint in Hillbrow on Saturday and held a 10-minute vigil in compliance with the call from Lennon's wife, Yoko Ono.

They then displayed posters which read: "Psychiatry Kills: Remember Lennon", "Psychiatry — Greatest Failure of the Century" and one listing other victims of assassins who had had psychiatric treatment. These included President John Kennedy, Sharon Tate and Dr Verwoerd.

The public was asked to sign two petitions — one to the effect that Lennon's killer be kept out of psychiatrists' hands and that criminal law be allowed to take its course and that psychiatry be barred from dealing with criminals.

Mrs Elizabeth Shires, national secretary for the society, said the petitions would be handed to the United States Ambassador in Pretoria for transmission to the US.

Passers-by were also presented with larger stickers reading: "Psychiatry Kills — Remember Lennon".

Mrs Shires said her society's counterpart in Hawaii had clashed with Dennis Mee Lee, psychiatrist of Mark David Chapman (Lennon's killer).

Released

Mee Lee was director of Mental Health Services in Hawaii when the Waikiki Sniper was released only to kill seven people last year.

"Mark David Chapman is the most recent in a series of grisly killers created by psychiatric mistreatment. Among those previously receiving psychiatric treatment who later became violent were the Texas Tower murderer, Charles Manson, Graham Young, David Pratt and Tsafendas.

"It is time governments began to label psychiatry for what it is — the greatest failure of the century," Mrs Shires said.

* The Society for Safety in Mental Healing is the South African branch of Citizens Commission on Human Rights